

*Regionals  
6-18-19*

# **NEIGHBORHOOD AND COMMUNITY SERVICES STANDING COMMITTEE**

47

## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 912 Event Name: Crash Detroit

Event Date: July 20, 2019

Street Closure: None

Organization Name: Crash Detroit Productions

Street Address: 1438 Hubbard Street Detroit, MI 48209

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> <b>24-Hour Liquor License</b>			

### Petition Communications (include date/time)

Free, family - friendly acoustic music festival located at Clark Park from 2:00pm - 9:00pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with Angles Security to Provide Private Security Services
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents & Stages
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

MAYOR'S OFFICE

Signature: Bethanie Lusher

Date: June 13, 2019

# City of Detroit

Janice M. Winfrey  
*City Clerk*

OFFICE OF THE CITY CLERK

Caven West  
*Deputy City Clerk/Chief of Staff*

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, June 6, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE      POLICE DEPARTMENT  
FIRE DEPARTMENT      DPW - CITY ENGINEERING DIVISION  
RECREATION DEPARTMENT      BUSINESS LICENSE CENTER  
BUILDINGS SAFETY ENGINEERING      RECREATION DEPARTMENT

**912**      *Crash Detroit Productions, request to hold "Crash Detroit" at Clark Park on 7/20/19 from 2pm - 9pm, Set-up 7/20/19 from 8am - 12pm, Tear down following event on 7/20/19 - 7/21/19.*

# City of Detroit Special Events Application

#912

7/20/2019

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

## Section 1- GENERAL EVENT INFORMATION

Event Name: Crash Detroit

Event Location: Clark Park, Detroit, MI 48209

Is this going to be an annual event?  Yes  No

## Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Crash Detroit Productions

Organization Mailing Address: 1438 Hubbard St. Detroit, MI 48209

Business Phone: (248) 808-1937

Business Website: www.crashdetroit.org

Applicant Name: James Hartrick

Business Phone: (248) 808-1937 Cell Phone: (same) Email: jhartrick@gmail.com

Event On-Site Contact Person:

Name: James Hartrick

Business Phone: (248) 808-1937 Cell Phone: (same) Email: jhartrick@gmail.com

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 1500

Please provide a brief description of your event:

Crash Detroit is a free, all-ages music festival that showcases acoustic performances from street and brass bands.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date: 7/20/19 Time: 8:00 AM Complete Set-up Date: 7/20/19 Time: 12:00 PM

Event Start Date: 7/20/19 Time: 2:00 PM Event End Date: 7/20/19 Time: 9:00 PM

Begin Tearing Down Date: 7/20/19 Complete Tear Down Date: 7/21/19

Event Times (If more than one day, give times for each day):

7/20/19, 2:00 PM - 9:00 PM

**Section 3- LOCATION/SITE INFORMATION**

Location of Event: Clark Park, Detroit, MI 48209

Facilities to be used (circle): Street  Sidewalk  Park  City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

**Section 4- ENTERTAINMENT**

Describe the entertainment for this year's event:

All acoustic brass and street bands.

Will a sound system be used?  Yes  No

If yes, what type of sound system?

**Section 5- SALES INFORMATION**

Will there be advanced ticket sales?  Yes  No  
If yes, please describe:

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s):

Will there be vending or sales?  
If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold: T-shirts, stickers, CDs, posters, buttons

Will there be food trucks?  Yes  No 2  
If yes, please list how many:

Will there be a charge for parking?  Yes  No  
If yes, please describe the amount:

How will you advise attendees of parking options? We will announce via social media, parking on street around park

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Angels Security, Inc.

Contact Person: Jerry Terrell

Address: 19785 W. 12 Mile Rd. Ste 646

Phone: (248) 246-0051

City/State/Zip: Southfield, MI 48076

Number of Private Security Personnel Hired Per Shift: 8

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Sound impact will be minimal due to the acoustic nature of the performers. The park has adequate parking around the perimeter. The event is free and welcoming to anyone.

Have local neighborhood groups/businesses approved your event?  Yes  No

Indicate what steps you have or will take to notify them of your event: We have discussed the event with the

Clark Park Coalition, SW Detroit Business Development and various local businesses in the area.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

All acoustic → no power

Name of vendor providing generators: Contact Person:

N/A

Address:

Phone:

City/State/Zip

	How Many?	Size/Height
Booth		
Tents (enclosed on 3 sides)	1	20 x 20 (for performers only)
Canopy (open on all sides)	2	40 x 40
Staging/Scaffolding		
Bleachers		

#### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: Hart Medical Services

Address: 1636 W. Fort St., Detroit, MI 48216 (313) 879-2020

City/State/Zip: Detroit, MI 48216

Name of company providing port-a-johns.

Contact Person: Scottys Potties

Address: 27940 Wick Rd.

Phone: (734) 421-1400

City/State/Zip: Romulus, MI 48174

Name of private catering company?

Contact Person: N/A

Address:

Phone:

City/State/Zip:

## SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Will there be street closures?  Yes  No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

1) **CERTIFICATE OF INSURANCE**

2) **EMERGENCY MEDICAL AGREEMENT**

3) **SANITATION AGREEMENT**

4) **PORT-A-JOHN AGREEMENT**

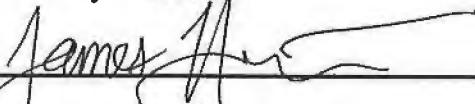
5) **COMMUNITY COMMUNICATION**

We have work orders with Scottys Porties and Hart Medical Services.

We are quoting general insurance for our newly formed non-profit arm (crash Detroit productions). In the past we have used volunteer sanitation (trash pickup) and taken overflow to the city dump. We have letters of support that we can provide to the committee.

## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
Signature of Applicant

5/20/19  
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Crash Detroit Event  
Date: 5/20/19

Event Organizer:

James Hartnick, Crash Detroit Productions

Applicant Signature:

James M

Date:

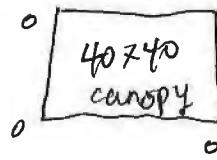
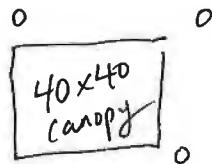
5/20/19



W. Verner Hwy

Clarke St.

o - garbage receptacles



□ Merchandise



E.M.S. (ambulance)

Scotter

Lafayette / I-75 Service Drive





## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 917 Event Name: Agape Naturals Festival

Event Date: June 29, 2019

Street Closure: Vernor Highway

Organization Name: Agape Naturals Festival

Street Address: 17361 Rainbow Drive

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> <b>24-Hour Liquor License</b>			

### Petition Communications (include date/time)

Natural Hair Festival located at Roosevelt Park from 11:00am - 5:00pm; with temporary street closure on Vernor Highway located inside the park.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ROW Permit Required for Road Closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Type III Barricades & Road Closure Signage Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Fisher

Date: June 13, 2019

# City of Detroit

Janice M. Winfrey  
*City Clerk*

OFFICE OF THE CITY CLERK

Caven West  
*Deputy City Clerk/Chief of Staff*

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, June 6, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT     FIRE DEPARTMENT  
BUSINESS LICENSE CENTER     BUILDINGS SAFETY ENGINEERING  
TRANSPORTATION DEPARTMENT     MUNICIPAL PARKING DEPARTMENT

917     *Agape Naturals Festival, request to hold "Agape Naturals Festival" at Roosevelt Park on 6/29/19 from 11 am - 5 pm, Set-up from 6/28-6/29 @ 6pm - 10am, Tear down following event, Street closure on Vernor Hwy (streets surrounding middle island).*

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, June 6, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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### RECREATION DEPARTMENT

**917** *Agape Naturals Festival, request to hold "Agape Naturals Festival" at Roosevelt Park on 6/29/19 from 11 am - 5 pm, Set-up from 6/28-6/29 @ 6pm - 10am, Tear down following event, Street closure on Vernor Hwy (streets surrounding middle island).*

7/29/2019

#917

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Agape Naturals Festival

Event Location: Roosevelt Park

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Agape Naturals Festival

Organization Mailing Address: 17361 Rainbow Drive

Business Phone: 2484978940

Business Website: [www.agapenaturalsfest.com](http://www.agapenaturalsfest.com)

Applicant Name: Sarah Marshall

Business Phone: 2484978940

2484978940

Cell Phone:

Email: [agapenaturalsfest@gmail.com](mailto:agapenaturalsfest@gmail.com)

Event On-Site Contact Person:

Name: Devona Marshall

Business Phone: 2489436524

Cell Phone: 2489436524

Email: [devona.marshall@gmail.com](mailto:devona.marshall@gmail.com)

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 500

Please provide a brief description of your event:

This Natural Hair Festival will be a day full of experiences filled with love, laughter, dancing, music, and food. We have renowned vendors, musicians, artists, comedians, and panelists. Celebrate with your crew and enjoy giveaways, games, and "shop till you drop" at the vendors market.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date: June 28th, Time: 6:00 PM Complete Set-up Date: June 29th, 2019 Time: 10:00 AM

Event Start Date: June 29th, Time: 11:00 Event End Date: June 29th, 2019 Time: 5:00 PM

Begin Tearing Down Date: June 29th, 2019 Complete Tear Down Date: June 29th, 2019

Event Times (If more than one day, give times for each day):  
One day

### Section 3- LOCATION/SITE INFORMATION

**Location of Event: Roosevelt Park**

Facilities to be used (Check) Street Sidewalk Park  City Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

-Public entrance and exit	-Location of First Aid
-Location of merchandising booths	-Location of fire lane
-Location of food booths	-Proposed route for walk/run
-Location of garbage receptacles	-Location of tents and canopies
-Location of beverage booths	-Sketch of street closure
-Location of sound stages	-Location of bleachers
-Location of hand washing sinks	-Location of press area
-Location of portable restrooms	-Sketch of proposed light pole banners

**You will be prompted to upload these attachments upon submitting this form**

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Art display, Musicians, and Panels.

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Describe specific power needs for entertainment and/or music:

We will need one generator (50AMPS) to power our entertainment stage.

How many generators will be used? 1

How will the generators be fueled?  
Electricity

Name of vendor providing generators:

Contact Person: XYZ Power -James Wehrle

Address: N/A

Phone: 248-875-6070

City/State/Zip Michigan

## Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

- Hats
- Tshirts
- Art
- Products

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company Security Dee

Contact Person: Dennis Walker

Address:

Phone: 3137219301

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:  
11

Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

How will you advise attendees of parking options?

We will have signs that will direct attendees on where to park, as well as blast out directions via email, and website.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
The surrounding community will benefit greatly from our event, because we are surrounded by business owners who will gain publicity and exposure from attendees. We will also include them in our promotions.

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
Meeting, and talking with them about how they can also be involved on that day is what allowed us to partner.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	0	
Tents (enclosed on 3 sides)	15	10x10
Canopy (open on all sides)	0	
Staging/Scaffolding	1	20x16
Bleachers	0	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of company providing port-a-johns. Detroits Finest Rentals**

Contact Person: Lela Stoval

Address: 16501 Woodward Avenue

Phone: 3137431574

City/State/Zip: \_\_\_\_\_

**Name of private catering company?**

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

**Attach a map or sketch of the proposed area for closure.**

**STREET NAME:** Vernor Hwy (streets surrounding middle island)

**FROM:** 8:00 AM **TO:** 8:00 PM

**CLOSURE DATES:** Saturday June 29th, **BEG TIME:** 8:00 AM **END TIME:**

**REOPEN DATE:** 8:00 PM **TIME:**

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:**

**REOPEN DATE:** \_\_\_\_\_ **TIME:**

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:**

**REOPEN DATE:** \_\_\_\_\_ **TIME:**

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:**

**REOPEN DATE:** \_\_\_\_\_ **TIME:**

**STREET NAME:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_

**CLOSURE DATES:** \_\_\_\_\_ **BEG TIME:** \_\_\_\_\_ **END TIME:**

**REOPEN DATE:** \_\_\_\_\_ **TIME:**

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

Insurance Agency: Farmers Insurance (Commercial General Liability Insurance)

Contact: Vincent Ellis

## **AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

*Sarah Marshall*  
Sarah Marshall 05/14/2019

05/14/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## **HOLD HARMLESS AND INDEMNIFICATION**

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: Agape Naturals Fest Event  
Date: 06/29/19

Event Organizer:  
Sarah Marshall

Applicant Signature:  
Date: 05/14/2019



49

## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 913 Event Name: Techno Tuesday

Event Date: July 23 - August 27, 2019

Street Closure: None

Organization Name: Detroit Historical Society

Street Address: 5401 Woodward Avenue

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input checked="" type="checkbox"/> Other: DJ	
<input type="checkbox"/> 24-Hour Liquor License			

Petition Communications (include date/time)

The Detroit Historical Museum will host a Food Truck & DJ on Legends Plaza adjacent to their building from 11:30am - 2:30pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with DHM Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Health License Required

AMENDED

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Jusser

Date: June 13, 2019

# City of Detroit

Janice M. Winfrey  
City Clerk

OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

*Friday, June 14, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

---

### AMENDMENT

Herewith, the following referral is a copy of Petition 913

---

MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT     FIRE DEPARTMENT  
BUSINESS LICENSE CENTER     BUILDINGS SAFETY ENGINEERING

**913**     *Detroit Historical Society, requesting to hold "Techo Tuesday" at the Detroit Historical Museum - Legends Plaza on 7/23/19 - 8/27/19 from 11:30am - 2:30pm, Set-up on 7/23/19 @ 9:30am - 11am, Tear down following event.*

**NOTE:** Attached please find additional documentation for the above mentioned petition.

**PETITIONER IS AMENDING PETITION DUE TO:**

**Change dates. See attached.**

Please provide the City Council with a report relative to this petition within four (4) weeks. Thanking you in advance.

200 Coleman A. Young Municipal Center • Detroit, Michigan 48226-3400  
(313) 224 3260 • Fax (313) 224-1466

**AMENDED**

## **DEPARTMENTAL REFERENCE COMMUNICATION**

*Friday, June 14, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

---

### **AMENDMENT**

Herewith, the following referral is a copy of Petition 913

---

#913

7/21/2019

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60** days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Techno Tuesday

Event Location: Detroit Historical Museum- Legends Plaza

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Historical Society

Organization Mailing Address: 5401 Woodward Ave.

Business Phone: 313.833.1805 Business Website: [detroithistorical.org](http://detroithistorical.org)

Applicant Name: Casie Blovsky

Business Phone: 313.833.1801 Cell Phone: 313.833.1801 Email: [casielb@detroithistorical.org](mailto:casielb@detroithistorical.org)

**Event On-Site Contact Person:**

Name: Malika Pryor

Business Phone: 313.833.0481 Cell Phone: 313.833.0481 Email: [malikap@detroithistorical.org](mailto:malikap@detroithistorical.org)

**Event Elements (check all that apply)**

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Other: DJ

Projected Number of Attendees: 50

**Please provide a brief description of your event:**

Techno Tuesday will be a free lunch break event hosted on Legends Plaza at the Detroit Historical Museum. Techno Music will be provided by local DJs. You can bring your own lunch or purchase lunch from a food truck(s) onsite.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: July 23, 2019 Time: 9:00am Complete Set-up Date: July 23, 2019 Time: 11:00am

Event Start Date: July 23, 2019 Time: 11:30am Event End Date: August 27, 2019 Time: 2:30pm

Begin Tearing Down Date: July 23, 2019 Complete Tear Down Date: July 23, 2019

Event Times (If more than one day, give times for each day):

Same times on these dates as well, July 30, 2019, August 6, 2019, August 13, 2019, August 20, 2019, August 27, 2019.

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Historical Museum - Legends Plaza

Facilities to be used (Check) Street  Sidewalk  Park  City

Please attach a copy of Port a John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire line
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closures
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJs will be playing Techno Music

Will a sound system be used?  Yes  No

If yes, what type of sound system? DJ speakers

Describe specific power needs for entertainment and/or music:

Legends plaza has power

How many generators will be used? N/A

How will the generators be fueled?

N/A

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

A variety of food trucks will be offering food for purchase. Most likely one per week.

### Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Utilized Per Shift:

Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

How will you advise attendees of parking options?

The Detroit Historical Museum has onsite parking.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Sound Carryover and increased pedestrian traffic.

Have local neighborhood groups/businesses approved your event?  Yes  No

Indicate what steps you have or will take to notify them of your event:  
I will be sending letters to area businesses.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event structure

How Many? Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: 911

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of company providing port-a-johns. N/A

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of private catering company? A variety of Food Trucks

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOIN AGREEMENT
- 5) COMMUNITY COMMUNICATION

### AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

Adrienne  
Signature of Applicant

5/23/19  
Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 100th Tuesday Event  
Date: 5/23/19

Event Organizer:

Casey Bensky

Applicant Signature: Casey Bensky

Date: 5/23/19

May 23, 2019

Park Shelton Hotel  
15 E Kirby St,  
Detroit, MI 48202

Dear Midtown Neighbor,

Greetings! My name is Casie Blovsky and I'm the Manager of Public Programs at the Detroit Historical Society. **On Tuesday July 23 and each Tuesday after until the end of August the Detroit Historical Museum will be hosting Techno Tuesday on Legends Plaza.**

This program will be a lunch break program, in which we will invite the local community to come and take their lunch break at the Detroit Historical Museum. We will have DJs playing Techno Music on the plaza with tables and chairs set up for eating. This is a free event, bring your own lunch or purchase lunch from a food truck onsite. We will be on Legend's Plaza, our outdoor space that sits at Woodward Ave and Kirby Street – from 11:30am – 2:30 pm.

We would be very grateful if you considered joining us and appreciate your support as we host this special community event. It is free of charge and all are welcome.

We're excited about the possibilities for this special event and thank you so much for your consideration. If you have questions or concerns, please contact me by email: [casieb@detroithistorical.org](mailto:casieb@detroithistorical.org) or phone: 313-833-1801.

Sincerely,

Casie Blovsky  
Manager of Public Programs  
Detroit Historical Society



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

PRODUCER		NAME: <u>Stephen Ciranna</u>	PHONE: <u>(586) 323-5700</u>	FAX: <u>(586) 323-5703</u>
STERLING INSURANCE GROUP		EMAIL: <u>sciranna@sterlingagency.com</u>	ADDRESS:	
13900 Lakside Circle				
Sterling Heights		MI 48213-1313	INSURER B AFFORDING COVERAGE	
INSURED		INSURER A: <u>Philadelphia Insurance Co</u>	NAIC #	
Detroit Historical Society		INSURER B: <u>The Hartford</u>	34690	
501 Woodward Ave		INSURER C:		
Detroit		INSURER D:		
MI 48202		INSURER E:		
		INSURER F:		

COVERAGES		CERTIFICATE NUMBER: 19/20 Master		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	INSURER NAME & ADD	POLICY NUMBER	POLICY EFF DATE	POLICY EXP DATE	LIMITS
A	COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>					DAMAGE TO TENANTED PREMISES (Per occurrence) \$ 1,000,000
			PHPK1985200	05/23/2019	05/23/2020	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
	GENERAL AGGREGATE LIMIT APPLIED PER				GENERAL AGGREGATE \$ 3,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> 1ST <input type="checkbox"/> 100				PRODUCTS - COMP/OP AGG \$ 3,000,000	
	OTHER				Abuse & Molestation \$ 1,000,000	
	AUTOMOBILE L. S. L.				COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000	
A	ANY AUTO					BODILY INJURY (Per person)
	OWNED AUTOS ONLY <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/>		PHPK1985200	05/23/2019	05/23/2020	BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
A	UNINSERIALIZED <input checked="" type="checkbox"/> EXCESS LINES <input type="checkbox"/>					EXCESS INSURANCE \$ 5,000,000
						AGGREGATE \$ 5,000,000
		DEO <input type="checkbox"/> EST. <input type="checkbox"/>				
B	WORKERS COMPENSATION <input checked="" type="checkbox"/> AND EMPLOYER LIABILITY <input type="checkbox"/>					EX. / EMPLOYEE <input type="checkbox"/> OTHER <input type="checkbox"/>
	ANY PROPERTY COMPANY PARTNER, EXECUTIVE OFFICER/ MEMBER OF C. BOARD (Mandatory in PA) <input type="checkbox"/> N/A	354ECZF4083	07/01/2018	07/01/2019	SL. L. / ACCIDENT <input type="checkbox"/> <input checked="" type="checkbox"/> 500,000	
						SL. L. / EMPLOYEE <input type="checkbox"/> <input checked="" type="checkbox"/> 500,000
						SL. L. / INSURER / POLICY LIMIT <input type="checkbox"/> <input checked="" type="checkbox"/> 500,000

DESCRIPTION OF C. EQUIPMENT AND VEHICLES (ACCORDING TO SCHEDULES, MAY BE ATTACHED IF MORE SPACE IS REQUIRED)

Event: Techno.Talk - Miss & On the Plaza

2014年卷之二

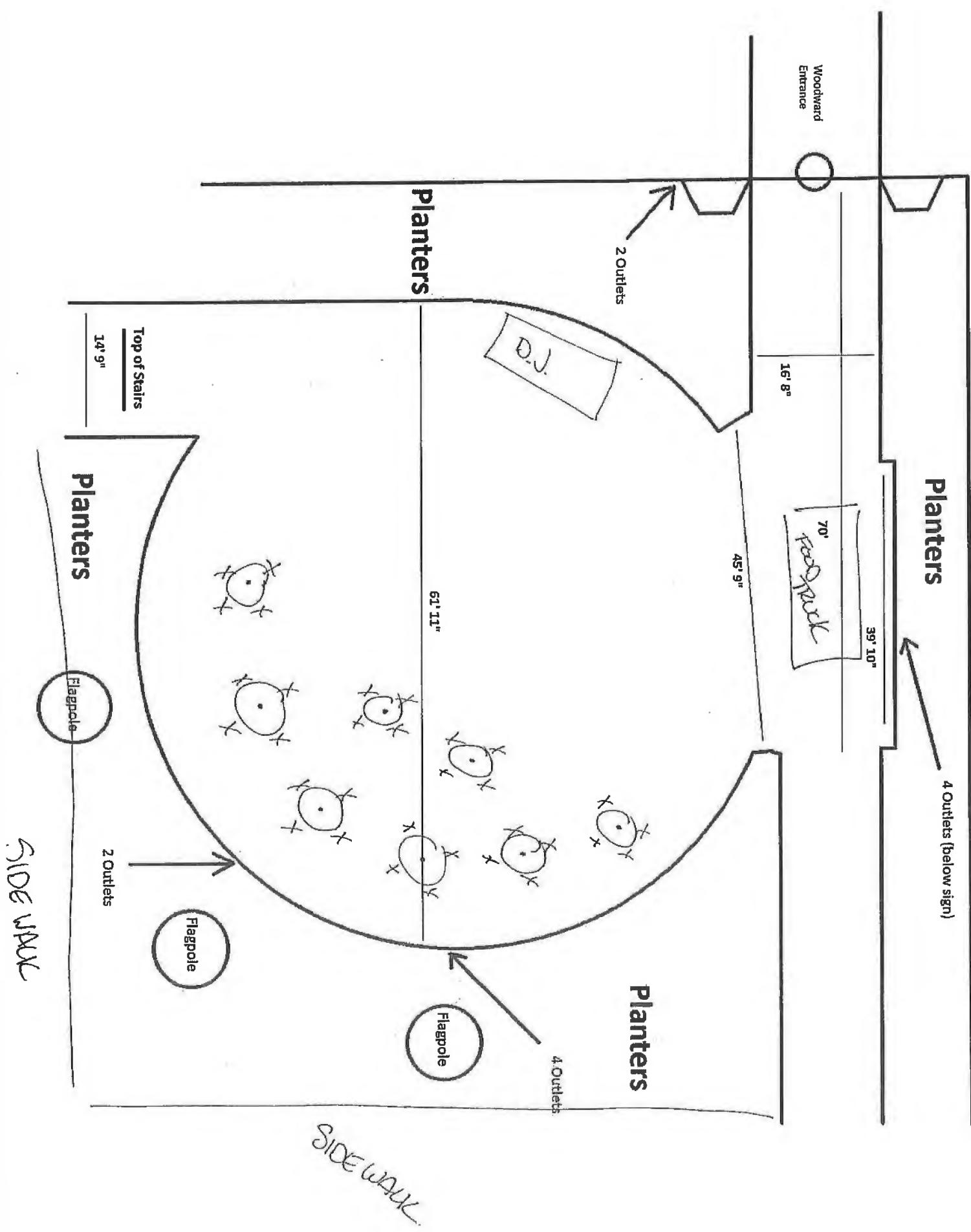
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

ACORD 25 (2017C)

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT NAME: Stephanie Ciranna	
STERLING INSURANCE GROUP 13900 Lakeside Circle		PHONE (A/C No.): (586) 323-5700	
		FAX (A/C, No): (586) 323-5703	
Sterling Heights MI 48313-1318		E-MAIL: sciranna@sterlingagency.com	
		ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A: Philadelphia Insurance Co	
		INSURER B: The Hartford	34690
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES CERTIFICATE NUMBER: 19/20 Master REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADD'L SUBR INSD	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>			PHPK1985200	05/23/2019	05/23/2020	EACH OCCURRENCE	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/>			PHPK1985200	05/23/2019	05/23/2020	MED EXP (Any one person)	\$ 5,000
	PERSONAL & ADV INJURY						\$ 1,000,000	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			PHUB677042	05/23/2019	05/23/2020	GENERAL AGGREGATE	\$ 3,000,000
	PRODUCTS - COMP/OP AGG						\$ 3,000,000	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	35WECZF4083	07/01/2018	07/01/2019	Abuse & Molestation	\$ 1,000,000
	COMBINED SINGLE LIMIT (Ea accident)						\$ 1,000,000	
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
							PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Event date: Every Tuesday, July 23 to August 27. (7/23/2019, 7/30/2019, 8/6/2019, 8/13/2019, 8/20/2019 and 8/27/2019)

Event: Techno Tuesday — Music on the Plaza

CERTIFICATE HOLDER		CANCELLATION	
City of Detroit Media Service Department/Special Events 2 Woodward Ave Suite 333		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Detroit MI 48226		AUTHORIZED REPRESENTATIVE	

# City of Detroit

Janice M. Winfrey  
*City Clerk*

OFFICE OF THE CITY CLERK

Caven West  
*Deputy City Clerk/Chief of Staff*

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, June 6, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT     FIRE DEPARTMENT  
BUSINESS LICENSE CENTER     BUILDINGS SAFETY ENGINEERING

**913**     *Detroit Historical Society, requesting to hold "Techo Tuesday" at the Detroit Historical Museum - Legends Plaza on 7/23/19 from 11:30am - 2:30pm, Set-up on 7/23/19 @ 9:30am - 11am, Tear down following event.*

#913

7/21/2019

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Techno Tuesday

Event Location: Detroit Historical Museum- Legends Plaza

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Historical Society

Organization Mailing Address: 5401 Woodward Ave.

Business Phone: 313.833.1805

Business Website: [detroithistorical.org](http://detroithistorical.org)

Applicant Name: Casie Blovsky

Business Phone: 313.833.1801

Cell Phone: 313.833.1801

Email: [casicb@detroithistorical.org](mailto:casicb@detroithistorical.org)

Event On-Site Contact Person:

Name: Malika Pryor

Business Phone: 313.833.0481

Cell Phone: 313.833.0481

Email: [malikap@detroithistorical.org](mailto:malikap@detroithistorical.org)

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input checked="" type="checkbox"/> Other: DJ

Projected Number of Attendees: 50

Please provide a brief description of your event:

Techno Tuesday will be a free lunch break event hosted on Legends Plaza at the Detroit Historical Museum. Techno Music will be provided by local DJs. You can bring your own lunch or purchase lunch from a food truck(s) onsite.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: July 23, 2019 Time: 9:00am Complete Set-up Date: July 23, 2019 Time: 11:00am

Event Start Date: July 23, 2019 Time: 11:30am Event End Date: July 23, 2019 Time: 2:30pm

Begin Tearing Down Date: July 23, 2019 Complete Tear Down Date: July 23, 2019

Event Times (If more than one day, give times for each day):

Same times on these dates as well, July 30, 2019, August 6, 2019, August 13, 2019, August 20, 2019, August 27, 2019.

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Historical Museum - Legends Plaza

Facilities to be used (Check)  Street  Sidewalk  Park  City ✓  
Facility

Please attach a copy of Port a John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

You will be prompted to upload these attachments upon submitting this form

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

DJs will be playing Techno Music

Will a sound system be used?  Yes  No

If yes, what type of sound system? DJ speakers

Describe specific power needs for entertainment and/or music:

Legends plaza has power

How many generators will be used? N/A

How will the generators be fueled?

N/A

Name of vendor providing generators:

Contact Person:

Address:

Phone:

City/State/Zip

## Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

A variety of food trucks will be offering food for purchase. Most likely one per week.

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

How will you advise attendees of parking options?

The Detroit Historical Museum has onsite parking.

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
Sound Carryover and increased pedestrian traffic.

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
I will be sending letters to area businesses.

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

How Many?

Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

## Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

Contact Person: 911

Address:

City/State/Zip:

Name of company providing port-a-johns. N/A

Contact Person:

Address:

Phone:

City/State/Zip:

Name of private catering company? A variety of Food Trucks

Contact Person:

Address:

Phone:

City/State/Zip:

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. Barricades are not available from the City of Detroit.

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

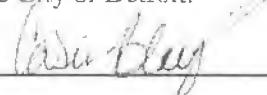
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

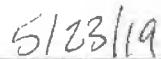
- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOIN AGREEMENT
- 5) COMMUNITY COMMUNICATION

### AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant



Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

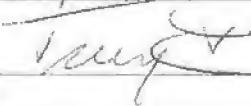
Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: TEQUILA TUESDAY Event  
Date: 5/23/19

Event Organizer:



Applicant Signature:



Date: 5/23/19

May 23, 2019

Park Shelton Hotel  
15 E Kirby St,  
Detroit, MI 48202

Dear Midtown Neighbor,

Greetings! My name is Casie Blovsky and I'm the Manager of Public Programs at the Detroit Historical Society. **On Tuesday July 23 and each Tuesday after until the end of August the Detroit Historical Museum will be hosting Techno Tuesday on Legends Plaza.**

This program will be a lunch break program, in which we will invite the local community to come and take their lunch break at the Detroit Historical Museum. We will have DJs playing Techno Music on the plaza with tables and chairs set up for eating. This is a free event, bring your own lunch or purchase lunch from a food truck onsite. We will be on Legend's Plaza, our outdoor space that sits at Woodward Ave and Kirby Street – from 11:30am – 2:30 pm.

We would be very grateful if you considered joining us and appreciate your support as we host this special community event. It is free of charge and all are welcome.

We're excited about the possibilities for this special event and thank you so much for your consideration. If you have questions or concerns, please contact me by email: [casieb@detroithistorical.org](mailto:casieb@detroithistorical.org) or phone: 313-833-1801.

Sincerely,

Casie Blovsky  
Manager of Public Programs  
Detroit Historical Society



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not constitute this. The certificate holder in lieu of such endorsement(s).

**PRODUCER**

STERLING INSURANCE GROUP  
13900 Lakewood Circle

Sterling Heights

MI 48313-1313

**INSURED**

Detroit Historical Society  
5401 Woodward Ave

Detroit

MI 48202

**COVERAGE(S)**

CERTIFICATE NUMBER: 19/20 Master

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ACC/ISSUE INSR. WND	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP ACC \$ 3,000,000 Abuse & Molestation \$ 1,000,000
A	GENERAL/STATEMENT LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> TEST <input type="checkbox"/> LCO CUTTER		PHPK1905200	05/23/2019	05/23/2020	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NO OWNED AUTOS ONLY	PHPK1905200	05/23/2019	05/23/2020	COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input checked="" type="checkbox"/> SCHEDULED <input type="checkbox"/> CLAIMS-MADE	PHUB677042	05/23/2019	05/23/2020	EACH OCCURRENCE \$ 5,000,000 ACIDENT \$ 5,000,000
B	WORKERS COMPENSATION AND EMPLOYERS LIAB LIMIT ANY PROPERTY OWNER/PARTNER/EMPLOYEE OFFICER/MEMBER EMPLOYEE (Mandatory in MI) If yes, a. <input type="checkbox"/> b. <input type="checkbox"/> DESCRIPTION OF OPERATION OR BUSINESS	<input type="checkbox"/> N/A	35WECZF4C03	07/01/2016	07/01/2019	<input checked="" type="checkbox"/> EMPLOYEE \$ 500,000 ALL OTHER ST. E. EMPLOYEE \$ 500,000 ALL POLICY LIMIT \$ 500,000

DESCRIPTION OF OTHER INSURANCE, WORKERS COMPENSATION AND VEHICLES (ACORD 101 - Schedule of Works Schedule, may be attached if more space is required)

Event date: Every Tuesday, July 23 to August 27 (7/23/2019, 7/30/2019, 8/3/2019, 8/10/2019, 8/20/2019 and 8/27/2019)

Event: Tuesdays Tuesdays — Music on the Plaza

**CERTIFICATE HOLDER**

City of Detroit Media Service Department/Special Events

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

**AUTHORIZED REPRESENTATIVE**

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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 914 Event Name: Family Pictures USA Detroit Debut

Event Date: July 26, 2019

Street Closure: None

Organization Name: Detroit Historical Society

Street Address: 5401 Woodward Avenue

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input checked="" type="checkbox"/> Other: <u>Film Screening</u>	
<input type="checkbox"/> 24-Hour Liquor License			

### Petition Communications (include date/time)

The Detroit Historical Museum will host a film screening of their joint project with PBS on Legends Plaza adjacent to their building from 7:00pm - 11:30pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD will Provide Special Attention; Contracted with DHM Security to Provide Private Security Services
	DFD/ EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Bus. License	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Lusher

Date: June 13, 2019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2019

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PRODUCER		CONTACT NAME: Stephanie Ciranna		
STERLING INSURANCE GROUP 13900 Lakeside Circle		PHONE (A/C, No., Ext.): (586) 323-5700	FAX (A/C, No.): (586) 323-5703	
Sterling Heights MI 48313-1318		E-MAIL ADDRESS: sciranna@sterlingagency.com		
INSURED		INSURER(S) AFFORDING COVERAGE		NAIC #
Detroit Historical Society 5401 Woodward Ave.		INSURER A: Philadelphia Insurance Co		
Detroit MI 48202		INSURER B: The Hartford		34690
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES		CERTIFICATE NUMBER:		19/20 Master	REVISION NUMBER:	
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
INSR LTR	TYPE OF INSURANCE	ADD'L SUB/R INSD. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>		PHPK1985200	05/23/2019	05/23/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Abuse & Molestation \$ 1,000,000 COMBINED SINGLE LIMIT (Each accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	OTHER:					
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/>		PHPK1985200	05/23/2019	05/23/2020	
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE		PHUB677042	05/23/2019	05/23/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	35WECZF4083	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)						
Event date: Every Tuesday, July 23 to August 27. (7/23/2019, 7/30/2019, 8/6/2019, 8/13/2019, 8/20/2019 and 8/27/2019)						
Event: Techno Tuesday — Music on the Plaza						

## CERTIFICATE HOLDER

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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# City of Detroit

Janice M. Winfrey  
*City Clerk*

OFFICE OF THE CITY CLERK

Caven West  
*Deputy City Clerk/Chief of Staff*

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, June 6, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

---

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT     FIRE DEPARTMENT  
BUSINESS LICENSE CENTER     BUILDINGS SAFETY ENGINEERING

**914**     *Detroit Historical Society, request to hold "Family Pictures USA Detroit Debut" at Detroit Historical Museum on 7/26/19 @ 7pm - 11:30pm, Set-up on 7/26/19 at 5:30 pm - 7 pm, Tear down on 7/26/19 - 7/27/19 after midnight.*

#914

7/26/2019

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least 60 days prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Family Pictures USA Detroit Debut  
 Event Location: Detroit Historical Museum

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Historical Society  
 Organization Mailing Address: 5401 Woodward Ave Detroit, MI 48202  
 Business Phone: 313-833-4306 Business Website: www.detroithistorical.org

Applicant Name: Kalisha Davis  
 Business Phone: 313-833-4306 Cell Phone:  Email: Kalishad@detroithistorical.org

Event On-Site Contact Person:  
 Name: Kalisha Davis

Business Phone:  Cell Phone:  Email: Kalishad@detroithistorical.org

Event Elements (check all that apply)

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: <u>Film Screening</u>

Projected Number of Attendees: 150

Please provide a brief description of your event:

DHTS: Family Pictures USA will offer a community-wide screening of the new PBS series featuring residents from the City of Detroit. This will be before it airs nationally in August 2019. On Legend's Plaza - the Detroit Historical Museum's outdoor space

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date: 7/26/19 Time: 5:30pm Complete Set-up Date: 7/26/19 Time: 7:00 PM

Event Start Date: 7/26/19 Time: 7:00pm Event End Date: 7/26/19 Time: 11:30 PM

Begin Tearing Down Date: 7/26/19 Complete Tear Down Date: 7/27/19 (after midnight?)

Event Times (If more than one day, give times for each day):

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit Historical Museum, Legends Plaza

Facilities to be used (circle):  Street  Sidewalk  Park  City Facility

Please attach a copy of Port a John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

Outdoor screening projection: Sound on the side of the museum perpendicular to Woodward Ave.

Will a sound system be used?  Yes  No

If yes, what type of sound system?

Speakers w/ stands

### Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No Eventbrite registration (Event is free)  
If yes, please describe:

Will there be on-site ticket sales?  Yes  No Open to the public (1st come, 1st serve free)  
If yes, list price(s):

Will there be vending or sales?  
If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold: securing food vendors / food truck

Will there be food trucks?  Yes  No 2 max  
If yes, please list how many:

Will there be a charge for parking?  Yes  No  
If yes, please describe the amount:

How will you advise attendees of parking options? Eventbrite / social media

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Buffalo Soldier Enterprise LLC

Contact Person: Robert Webster

Address: 15322 Mansfield St. Phone: 313-522-0265

City/State/Zip: Detroit, MI 48227

Number of Private Security Personnel Hired Per Shift: 2

Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

The program will be contained to the museum plaza, sound modest

Have local neighborhood groups/businesses approved your event?  Yes  No

Indicate what steps you have or will take to notify them of your event:

Hand delivering a letter informing them of the event/follow-up  
Conversation (copy attached)

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

Describe specific power needs for entertainment and/or music. If generators will be used, described how many and how they will be fueled:

We will use our own power sources on the plaza.

Name of vendor providing generators: Contact Person:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

How Many? Size/Height

Booth

Tents (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding

Bleachers

### Section 9- COMPLETE ALL THAT APPLY

Emergency medical services?

911 \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of company providing port-a-johns.

N/A

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of private catering company?

N/A

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Will there be street closures?  Yes  No

If yes, please complete the street closure information below and attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_

REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:

- 1) CERTIFICATE OF INSURANCE
- 2) EMERGENCY MEDICAL AGREEMENT
- 3) SANITATION AGREEMENT
- 4) PORT-A-JOHN AGREEMENT
- 5) COMMUNITY COMMUNICATION

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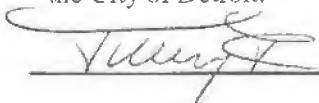
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### AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

5/23/19

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

### HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

(Please Print)

Event Name: Family Pictures USA Event  
Date: 7/20/19

Event Organizer:

Kalisha Davis

Applicant Signature:

Tracy Irwin

Date:

5/23/19

The Park Shelton  
15 E Kirby St,  
Detroit, MI 48202

May 23, 2019

Dear Midtown Neighbors,

Greetings! On Friday, July 26<sup>th</sup> my team will host a very special outdoor screening of a national documentary series known as: Family Pictures USA at the Detroit Historical Museum.

This episode is all about Detroit and several years in the making since the producers partnered with us in 2015 to document current day stories in conjunction with the Detroit 67 Project (our now award-winning initiative to commemorate the 50<sup>th</sup> Anniversary of July 1967).

We're very excited about this series and the 30 local residents that will be featured on the show, which will air on PBS August 12<sup>th</sup> and 13<sup>th</sup> (check your local listings and <https://familypicturesusa.com/> for more). We plan to invite all of them, their families, and our community partners to celebrate with us on Legend's Plaza, our outdoor space that sits at Woodward Ave and Kirby Street – from 7:00 – 11:30 pm.

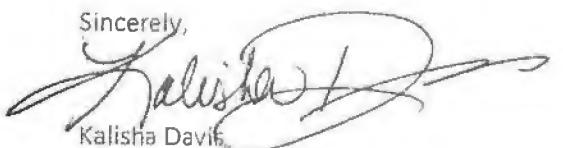
We would be very grateful if you considered joining us and appreciate your support as we host this special community event. It is free of charge and all are welcome.

**Here's the General Run of Show:**

- 7 pm – 9 pm – Activity on the plaza, storytelling, food vendors and impromptu interviews inside/outside the museum.
- 9:15 pm – 10:30 pm – The Screening – projected on the side of our Museum building adjacent to Woodward Ave (includes sound)
- 10:30 pm – 11:30 pm – Program ends/ Tear down on the Plaza

We're excited about the possibilities for this special event and thank you so much for your consideration. If you have questions or concerns, please contact me by email: [kalishad@detroithistorical.org](mailto:kalishad@detroithistorical.org) or phone: 313-833-4306.

Sincerely,



Kalisha Davis  
Director, Community Outreach & Engagement  
Detroit Historical Society



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#948

## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELEDPetition #: 948 Event Name: Great American Lobsterfest - DetroitEvent Date: September 13, 2019Street Closure: NoneOrganization Name: Detroit EventsStreet Address: 1420 Washington Blvd. Suite 301 Detroit, MI 48226

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> <b>24-Hour Liquor License</b>			

Petition Communications (include date/time)

2nd Annual Lobsterfest located in Hart Plaza from 12:00pm - 10:00pm.

\*\* ALL permits and license requirements must be fulfilled for an approval status \*\*

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event; Contracted with Camouflage Security to Provide Private Security Services
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Hart Medical to Provide Private EMS Services
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Stages & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Fischer

Date: June 13, 2019

# City of Detroit

Janice M. Winfrey  
City Clerk

OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, June 17, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
RECREATION DEPARTMENT

**948**    *Detroit Special Events, request to hold "Great American Lobsterfest - Detroit" at Hart Plaza on 9/13/19 - 9/15/19 from 12PM to 10PM, Set-up on 9/12/19 from 8AM - 10PM, Complete tear down on 9/15/19 - 9/16/19.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least 60 days prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Great American Lobsterfest - Detroit

Event Location: Hart Plaza (1 Hart Plaza, Detroit, MI, 48226)

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Special Events

Organization Mailing Address: 1420 Washington Blvd, Suite 301 Detroit, MI 48226

Business Phone: 312-286-2479

Business Fax:

Federal Tax ID # 81-1436382

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Jim Rafferty

Title/Role: Producer

Email Address: jim@greencurtainevents.com

Mailing Address: 1420 Washington Blvd, Suite 301 Detroit, MI 48226

Business Phone: 312-286-2479

Business Fax::

Event On-Site Contact Person: Mailing

Address: 1420 Washington Blvd, Suite  
301 Detroit, MI 48226

Business Phone: 312-286-2479

Business Fax:

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event

Sponsors:

Still acquiring

**Event Elements (check all that apply)**

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input checked="" type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

**Provide a brief description of your event:**

**3 day food festival celebrating all things lobster.**

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**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date & Time: 9/12 8:00am Complete Set-up Date & Time: 9/12 10:00pm

Event Start Date & Time: 9/13 12:00pm Event End Date & Time: 9/15 10:00pm

Begin Tearing Down Date: 9/15 Complete Tear Down Date: 9/16

Event Times (If more than one day, give times for each day): 5:00pm – 10:00pm 9/13, 12pm-10pm 9/13-9/14

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**Is this the first time you have held this event in the City of Detroit?**

Yes

No

If no, what years has the event been held in Detroit? 2018

When was the event last held in Detroit? 9/14/2018 – 9/16/2018

Where was the event last held in Detroit? Hart Plaza

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What were the hours last year? 12:00pm – 10:00pm

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Project Attendance This Year (Minimum – Maximum)? 12,000

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What is the basis for your projected attendance? Last year's attendance

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**Please describe your anticipated/ target audience:**

Is this going to be an annual event?

Yes

No

If yes, do you have a preferred/proposed for next year? 9/18/2020 – 9/20/2020

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If a parade is planned. Indicate elements (check all that apply):

People       Balloons  
 Floats       Animals  
 Vehicles       Other:

Bands \_\_\_\_\_

If animals included, specify type, number and how used. \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 3- LOCATION/SITE INFORMATION

Location of Event: 1 Hart Plaza, Detroit, MI 48226

Facilities to be used (circle): Street

Sidewalk

Park

City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

-Public entrance and exit  
-Location of merchandising booths  
-Location of food booths  
-Location of garbage receptacles  
-Location of beverage booths  
-Location of sound stages  
-Location of hand washing sinks  
portable restrooms

-Location of First Aid  
-Location of fire lane  
-Proposed route for walk/run  
-Location of tents and canopies  
-Sketch of street closure  
-Location of bleachers  
-Location of press area  
-Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

Singers

Magician

Musicians

Story Telling

Comedians

Other: \_\_\_\_\_

Describe the entertainment for this year's event: live bands performing pop music

List proposed entertainers and/or bands performing at the event: pending

Will a sound system be used?

Yes

No

If yes, what type of sound system? Amplified sound system

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

Will the event consist of a musical concert?

Yes

No

If yes, what type of music? (check all that apply)

Live

Recorded

Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: generator will provide needed power

How many generators will be used? 1

How will the generators be fueled? Gasoline

Name of vendor providing generators:

Contact Person: pending

Address:

Phone:

City/State/Zip:

## Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

Radio (Specify stations):

Television (Specific stations):

Newspapers (specify papers):

Web site (identify web address): Facebook / Instagram

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify):

NOTE: All raffles subject to laws of State/City.

## Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  
 No If yes, please describe:

Will there be on-site ticket sales?  
 Yes  
 No If yes, list price(s): \$2.00

Will food be sold?  Yes  No

If yes, please pick up Special Events Vendor Packet in Suite 105:

Will merchandise be sold?  Yes  No

If yes, describe:

Will a percentage of the proceeds be distributed to a charitable organization?  Yes  No

If yes, describe:

If the event is a fundraiser, identify charity or recipient of funds: Detroit Sports Zone

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food  
 Merchandise  
 Non-Alcoholic Beverages

[ ]  
 Alcoholic Beverages

[ ] Other (specify):

Indicate type of items to be sold:

Will these be exclusive vendors or outside vendors? (please describe): pending

## Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: pending

Address:

Phone:

City/State/Zip:

Number of Private Security Personnel Hired Per Shift: 10-12

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Describe the emergency evacuation plan: pending

Describe the parking plan to accommodate anticipated attendance: public street parking

How will you advise attendees of parking options? Email/website/social media

Are you seeking a group parking rate? no

## Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Community will be minimally impacted and plans are in place to alleviate any inconvenience to the community. The whole event is produced on the plaza.

Have local neighborhood groups/businesses approved your event?

Yes      No

Indicate what steps you have or will take to notify them of your event:

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

## Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

### Structure

How Many? 1

Size/Height 30x60

Booth none

Tent (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding 1 medium size stage

Bleachers 0

### Company: Hotz Catering Company

#### Grill

Gas

Charcoal

Electrical

Propane

#### Fireworks (Pyrotechnics)

Aerial       Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles

Type/Weight:

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No. Generators will be used.

Will additional utility services be used (power, water, etc.)? Please describe.

Yes. Power and water will be used by 3<sup>rd</sup> parties

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No

#### Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: pending

Address:

Phone:

City/State/Zip

**Name of company providing emergency medical services?**

Contact Person: pending

Address:

City/State/Zip:

**Name of company providing porta-johns.**

Contact Person: pending

Address:

Phone:

City/State/Zip:

**Name of private catering company?**

Contact Person: pending

Address:

Phone:

City/State/Zip:

**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening.  
Neighborhood Signatures must be submitted with application for approval.

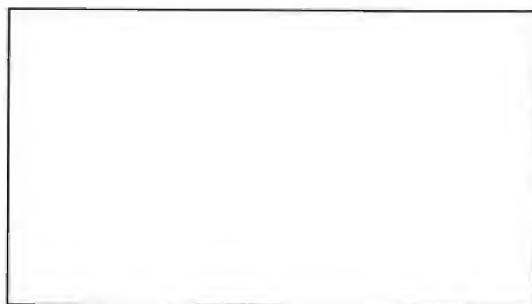
**Attach a map or sketch of the proposed area for closure.**

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time: \_\_\_\_\_



TO

Closure Dates:

Beg. Time:

End Time:

Reopen Date:

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year) \_\_\_\_\_

Current Request: \_\_\_\_\_ (year) \_\_\_\_\_

**Street Closures:**

Posting no parking signs       Light pole  
 Electrical Services       Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

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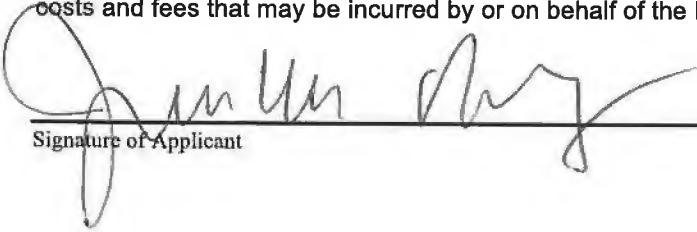
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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

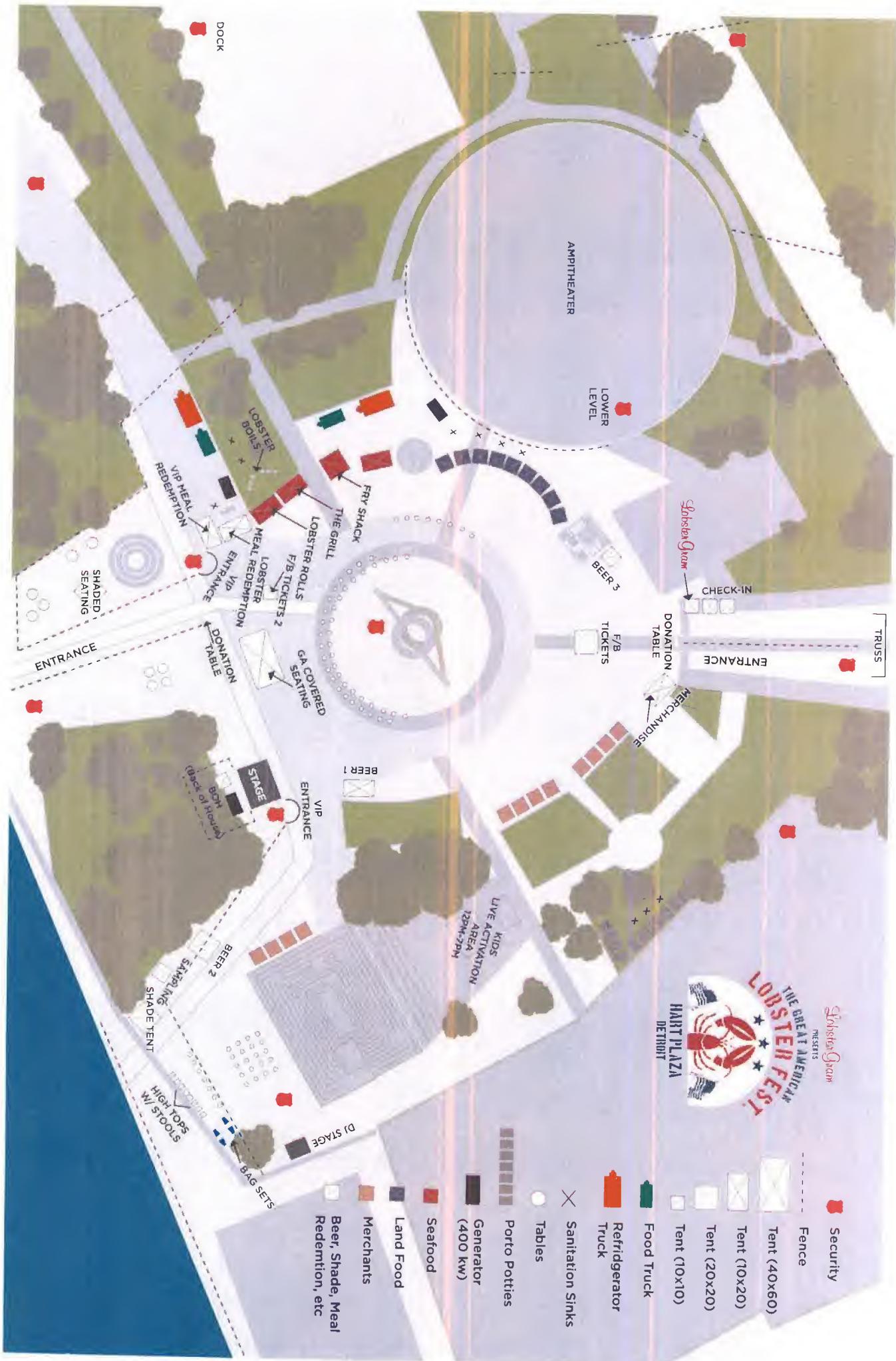
I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

  
Signature of Applicant

Date

5-22-2019

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.





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## MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 949 Event Name: WingOut Detroit

Event Date: August 3 - 4, 2019

Street Closure: None

Organization Name: Detroit Events

Street Address: 1420 Washington Blvd. Suite 301 Detroit, MI 48226

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input checked="" type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input checked="" type="checkbox"/> <b>24-Hour Liquor License</b>			

Petition Communications (include date/time)

First Annual "All-You-Can-Eat" Wing Festival for 1,000 patrons each day located in Roosevelt Park from 2:00pm - 6:00pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Permits Required
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing Required
	Recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Staging, Generators & Electrical
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Purchase of Parking Meters Required
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Juskei

Date: June 13, 2019

# City of Detroit

Janice M. Winfrey  
City Clerk

## OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

Monday, June 17, 2019

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

---

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

MAYOR'S OFFICE    DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT    FIRE DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
RECREATION DEPARTMENT

**949**    *Detroit Special Events, request to hold "WingOut Detroit" at Roosevelt Park on 8/3/19 - 8/4/19 from 2PM -6PM, Set-Up on 8/2/19 from 8AM to 10PM, Complete tear down on 8/4/19 - 8/5/19.*

#949

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the special events guidelines, please print them out for reference. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office at least **60 days** prior to the first day of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: WingOut Detroit

Event Location: Roosevelt Park (2405 Vernor Hwy, Detroit, MI 48216)

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Special Events

Organization Mailing Address: 1420 Washington Blvd, Suite 301 Detroit, MI 48226

Business Phone: 312-286-2479

Business Fax:

Federal Tax ID # 81-1436382

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Jim Rafferty

Title/Role: Producer

Email Address: jim@greencurtainevents.com

Mailing Address: 815 Spartan Drive, Rochester Hills, MI 48309

Business Phone: 312-286-2479

Business Fax::

Event On-Site Contact Person: Mailing

Address:

1420 Washington Blvd, Suite 301

Detroit, MI 48226

Business Phone: 312-286-2479

Business Fax:

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event

Sponsors: Still

Acquiring

**Event Elements (check all that apply)**

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input checked="" type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

**Provide a brief description of your event:**

**2 day outdoor chicken wing event offering all you can eat wings from the top vendors in Detroit**

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**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date & Time: 8/2 8:00am      Complete Set-up Date & Time: 8/2 10:00pm  
Event Start Date & Time: 8/3 2:00pm      Event End Date & Time: 8/4 6:00pm  
Begin Tearing Down Date: 8/4      Complete Tear Down Date: 8/5

---

Event Times (If more than one day, give times for each day): 2:00pm – 6:00pm both 8/3 and 8/4

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**Is this the first time you have held this event in the City of Detroit?** Yes

No

If no, what years has the event been held in Detroit? \_\_\_\_\_

When was the event last held in Detroit? \_\_\_\_\_

Where was the event last held in Detroit? \_\_\_\_\_

What were the hours last year? \_\_\_\_\_

Project Attendance This Year (Minimum – Maximum)? 1000 \_\_\_\_\_

What is the basis for your projected attendance? Pre-sold event \_\_\_\_\_

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes      No \_\_\_\_\_

If yes, do you have a preferred/proposed for next year? pending \_\_\_\_\_

If a parade is planned. Indicate elements (check all that apply):

People       Balloons  
 Floats       Animals  
 Vehicles       Other:

Bands \_\_\_\_\_

If animals included, specify type, number and how used. \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Roosevelt Park 2405 Vernor Hwy, Detroit, MI 48216

Facilities to be used (circle): Street

Sidewalk

Park

City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- portable restrooms

- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

Singers       Magician  
 Musicians       Story Telling  
 Comedians       Other: \_\_\_\_\_

Describe the entertainment for this year's event: live reggae bands

List proposed entertainers and/or bands performing at the event: still acquiring

Will a sound system be used?

Yes

No

If yes, what type of sound system? Medium sized stage / amplified sound system

Acoustic-audible, sound heard within natural range

Amplified-augmented, sound increased to broaden range

The amplified sound will be used:

---

Will the event consist of a musical concert?  Yes  No

If yes, what type of music? (check all that apply)

Live  Recorded  Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: generators will provide needed power

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How many generators will be used? 1

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How will the generators be fueled? Gasoline

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Name of vendor providing generators:

Contact Person: pending

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Address:

Phone:

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City/State/Zip:

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## Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

Radio (Specify stations):

Television (Specify stations):

Newspapers (specify papers):

Web site (identify web address): Facebook / Instagram

Public Relations or Marketing Firm (Specify):

Contact Info:

Raffle (List Item(s)):

Billboards

Flyers

Street Banners

Other (specify):

NOTE: All raffles subject to laws of State/City.

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## Section 6- SALES INFORMATION

Will there be advanced ticket sales?       Yes       No

If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?       Yes       No

If yes, list price(s): \_\_\_\_\_

Will food be sold?       Yes       No

If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold?       Yes       No

If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization?       Yes       No

If yes, describe: \_\_\_\_\_

If the event is a fundraiser, identify charity or recipient of funds: Detroit Sports Zone

Will there be vending or sales?       Yes       No

If yes, check all that apply:

Food       Merchandise  
 Non-Alcoholic Beverages       Alcoholic Beverages

Other (specify): \_\_\_\_\_

Indicate type of items to be sold:

Will these be exclusive vendors or outside vendors? (please describe): exclusive

## Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: pending

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift:

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Describe the emergency evacuation plan: pending

Describe the parking plan to accommodate anticipated attendance: public street parking

How will you advise attendees of parking options? Email/website/social media

Are you seeking a group parking rate? no

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## Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Community will be minimally impacted but plans are in place to alleviate any inconvenience to the community. The whole event will be produced in the park.

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event:

In person visits / social media / email / website

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

Cork and Gabel (313) 638-2261

McShanes Irish Pub (313) 961-1960

Gold Cash Gold (313) 242-0770

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## Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

**Structure -**

How Many? - pending

Size/Height - 10x10

Booth - none

Tent (enclosed on 3 sides)

Canopy (open on all sides)

Staging/Scaffolding - 1 medium sized stage

Bleachers - 0

**Company: Hotz Catering Company**

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial  Stage

Provide Sketch:

Portable Restrooms:

Standard       ADA Accessible

Vehicles-  
pending

Type/Weight:

Other:

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No. Generators will be used.

Will additional utility services be used (power, water, etc.)? Please describe.

Yes. Power and water will be used by 3<sup>rd</sup> parties

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No

### Section 10- COMPLETE ALL THAT APPLY

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Pending

Address:

Phone:

City/State/Zip

Name of company providing emergency medical services?

Contact Person: None

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of company providing porta-johns.** \_\_\_\_\_

Contact Person: Pending \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Name of private catering company? None** \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### **SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening.  
Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time: \_\_\_\_\_



TO

Closure Dates:

Beg. Time:

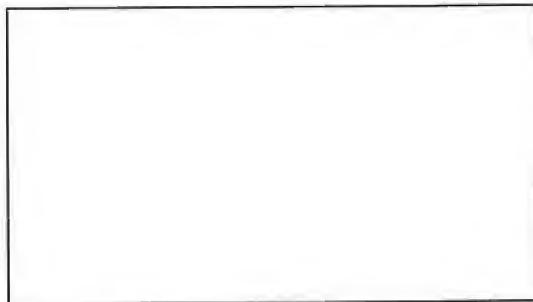
End Time:

Reopen Date:

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

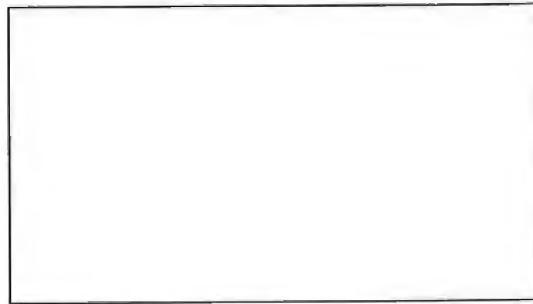
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

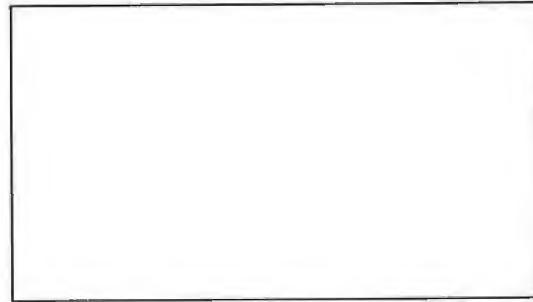
Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_



#### **Requested City Equipment**

Provided In: \_\_\_\_\_ (year) \_\_\_\_\_

Current Request: \_\_\_\_\_ (year) \_\_\_\_\_

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

#### **ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

Attached is the layout of our Chicago WingOut festival for reference. Updated layout to be sent upon completion.

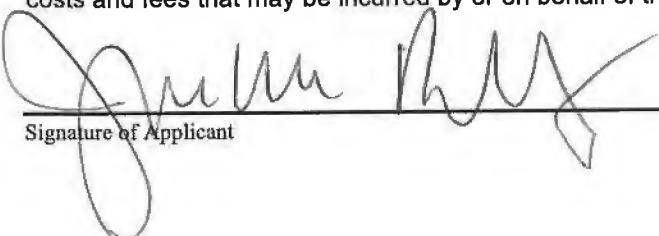
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**AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

5-22-2019

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.



## ROOSEVELT PARK LAYOUT

— — — FENCE



VENDOR TENT (10X10)



FRONT OF HOUSE TENT (10X10)



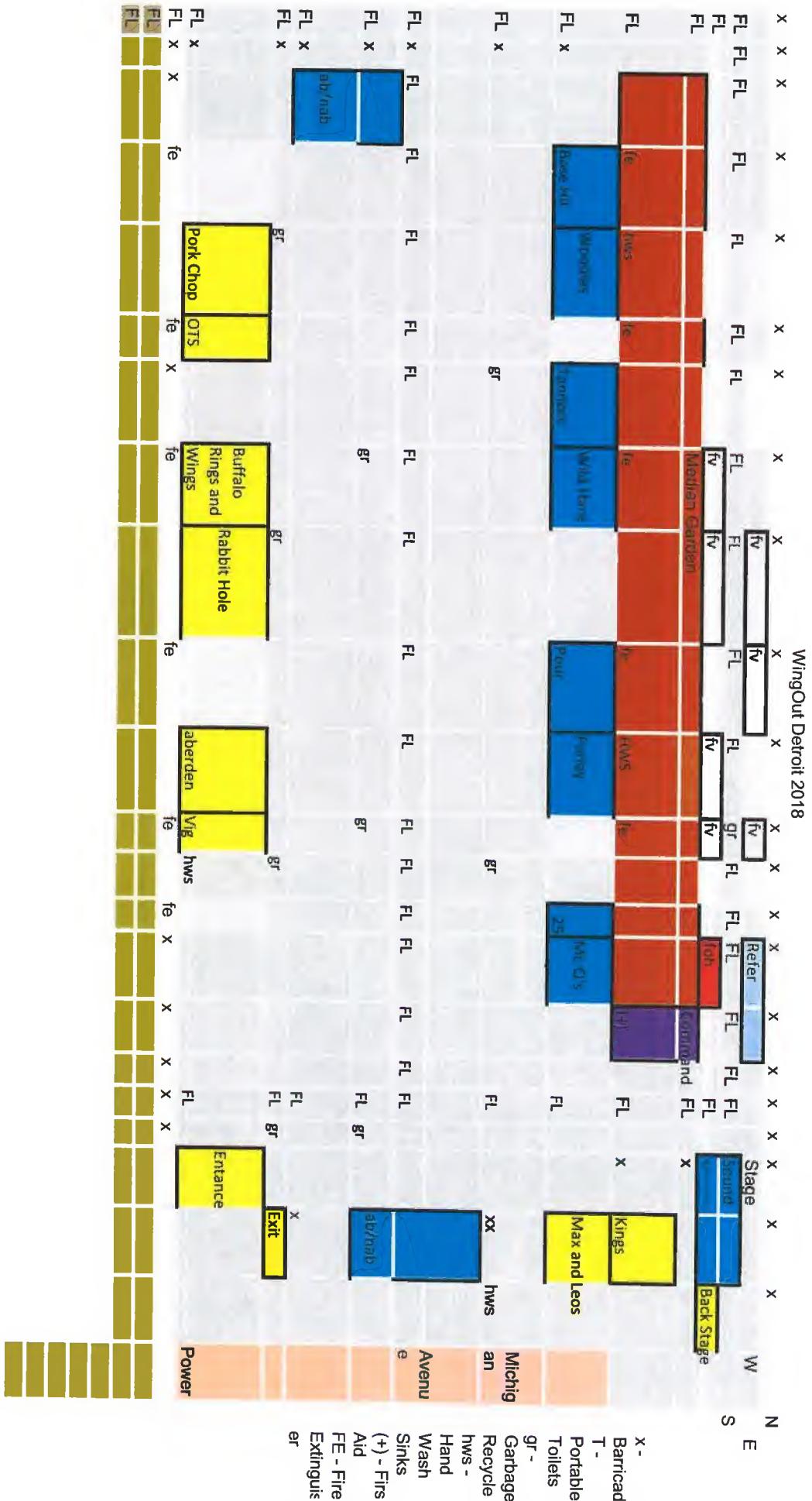
CHECK-IN TENTS (10X10)



BEER/BEVERAGE TENT (10X20)



PORO POTTIES





**MAYOR'S OFFICE COORDINATORS REPORT**

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 652 Event Name: 2019 Detroit HydroFest

Event Date: August 24 - 25, 2019

Street Closure: None

Organization Name: Detroit Riverfront Events, Inc.

Street Address: P.O. Box 71 Washington, MI 48094

Receipt date of the <b>COMPLETED</b> Special Events Application:	
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Run/Marathon
<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony	<input type="checkbox"/> Political Ceremony	<input type="checkbox"/> Festival
<input type="checkbox"/> Filming	<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Fireworks	<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> 24-Hour Liquor License			

**Petition Communications** (include date/time)

Annual boat race located on the Detroit River & Piston Park from 8:00am - 7:00pm.

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DPD Assisted Event
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pending Inspections; Contracted with Universal Macomb to Provide Private EMS Services
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Temporary Food License Required

**AMENDED**

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Barricades Required
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Received & Approved as Presented
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permits Required for Tents, Staging, Bleachers & Generators
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vendors License & Liquor License Required
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Impact on Buses

**MAYOR'S OFFICE**

Signature: Bethanie Jusser

Date: June 13, 2019

# City of Detroit

Janice M. Winfrey  
City Clerk

OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, June 17, 2019*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

---

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

MAYOR'S OFFICE     DPW - CITY ENGINEERING DIVISION  
POLICE DEPARTMENT     FIRE DEPARTMENT  
BUSINESS LICENSE CENTER     BUILDINGS SAFETY ENGINEERING  
RECREATION DEPARTMENT

**652**     *Detroit Riverfront Events Inc., request to host "2019 Detroit HydroFest" at Detroit River by Belle Isle Park at 8/24/19 - 8/25/19 from 8AM - 7PM, Set-up on 8/19/19 - 8/22/19 from 7AM - 5PM, Complete tear down on 8/25/19 - 8/29/19.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 Detroit HydroFest

Event Location: Detroit River by Belle Isle Park

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Riverfront Events Inc

Organization Mailing Address: PO Box 71, Washington, MI 48094

Business Phone: 313-329-8047

Business Website: [www.detroitboatraces.com](http://www.detroitboatraces.com)

Applicant Name: Mark Weber

Business Phone: 313-329-8047

Cell Phone: 586-206-8894

Email: [mark@detroitboatraces.com](mailto:mark@detroitboatraces.com)

**Event On-Site Contact Person:**

Name: Mark Weber

Business Phone: 313-329-8047

Cell Phone: 586-206-8894

Email: [mark@detroitboatraces.com](mailto:mark@detroitboatraces.com)

**Event Elements (check all that apply)**

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 40,000 approx.

Please provide a brief description of your event:

2 day boat race with 3 different classes racing. A Detroit tradition since 1916.

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date 08/19/2019 Time: 7 am Complete Set-up Date: 8/22/2019 Time: 5 pm

Event Start Date: 08/23/2019 Time: 8 am Event End Date: 08/25/2019 Time: 7 pm

Begin Tearing Down Date: 08/25/2019 Complete Tear Down Date: 08/29/2019

Event Times (If more than one day, give times for each day):

8/24/2019 8am-7pm, 8/25/2019 8am-7pm

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit River by Belle Isle

Facilities to be used (Check) Street  Sidewalk  Park  City

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

**You will be prompted to upload these attachments upon submitting this form**

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

TBD based on available budget in the Spring

Will a sound system be used?  Yes  No

If yes, what type of sound system? **TBD**

Describe specific power needs for entertainment and/or music:

Generators

How many generators will be used? **2**

How will the generators be fueled?

5 gallon cans using gas/diesel

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip

## Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No  
If yes, please describe:

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s):

Will there be vending or sales?  Yes  No  
If yes, check all that apply:

Food  Merchandise  Non-Alcoholic Beverages  Alcoholic Beverages

Indicate type of items to be sold:

Event T shirts, hats, programs and pins

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person: Fred Schwartz

Address:

Phone 586-994-2888

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:  
20 to 25

Are the private security personnel (check all that apply):

Licensed  Armed  Bonded

How will you advise attendees of parking options?  
Signage

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
103 year tradition, Belle Isle free, money spent in SE Michigan

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event:  
Email and event website

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event **Structure**

	How Many?	Size/Height
Booth	TBD	
Tents (enclosed on 3 sides)	TBD	
Canopy (open on all sides)	TBD	
Staging/Scaffolding	TBD	
Bleachers	TBD	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Bob Dickerson, Universal-Macomb Ambulance

Address: 37583 Mound

City/State/Zip: Sterling Heights, MI 48310

**Name of company providing port-a-johns. Parkway Services**

Contact Person: Steve

Address: 2876 Tyler

Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

**Name of private catering company? Andiamo's Catering**

Contact Person: Stewart Davison

Address: 1490 Premier Drive

Phone: 248-643-6000

City/State/Zip: Troy, MI 48084

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME: \_\_\_\_\_  
REOPEN DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.

*Mark Weber*

01/14/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 2019 Detroit Hydrofest Event  
Date: 01/14/2019

Event Organizer:  
Detroit riverfront Events Inc.

Applicant Signature:   
Date: 01/14/2019



# Evacuation Plan

## Piston Park

Piston Park is an area located at the foot of Motorboat Lane. There are no buildings in this area. It is the staging area for the smaller class of hydroplanes. On race weekends, it is occupied by approximately 30 boats in a secured, restricted area. Separated from these are several motor homes of the boat owners.

There is a floating foot bridge at the east end of the area. On the west end, there is an exit to Motorboat Lane.

In the event of an evacuation, the route would be towards Jefferson Avenue via Motorboat Lane. Trained security would direct the evacuation. 911 would be notified by cell phone or two-way radio.

Submitted by,

Fred Schwartz  
Retired Sr. Chief DFD  
586-994-2888  
Email: [chief6fred@yahoo.com](mailto:chief6fred@yahoo.com)

# Evacuation Plan

## Grandstand Section

The grandstand section consists of three-section aluminum grandstands facing the Detroit River. Located behind them are various vendors. At the east end of the area, there is a large gate connecting to the pit area. There is also a walk-thru area connected to the parking lot on Marquette Drive. There is a foot bridge on the west end connecting to Piston Park. There is access to Waterworks Park going towards East Jefferson.

In the event of an emergency, there are four egress routes from the grandstand—one on each end, and two between the sections.

Security is trained to conduct an orderly evacuation by these routes. People would then be routed toward East Jefferson through Waterworks Park. 911 and the security leader would then be notified by radio that evacuation is in progress.

Submitted by,

Fred Schwartz  
Retired Sr. Chief DFD  
586-994-2888  
Email: chief6fred@yahoo.com

# Evacuation Plan

## Judges Stand and Stockton Park

The judge's stand is located at the foot of Parkview Drive across the street from Stockton Park.

The judge's stand is a two-story masonry and metal building with an observation deck on the roof. Stairways are steel and on the exterior of building. In an emergency evacuation, people would use the steel exterior stairs and then leave the area via a wide gate leading to Parkview Drive. 911 would be notified by cell phone or radio.

Stockton Park is an open park at the foot of Parkview Drive, south of Dwight Street. In an evacuation situation, people would exit onto Parkview Avenue and walk towards East Jefferson.

Submitted by,

Fred Schwartz  
Retired Sr. Chief DFD  
586-994-2888  
Email: [chief6fred@yahoo.com](mailto:chief6fred@yahoo.com)

# Evacuation Plan

## Dodge Pit Area

The Dodge Pit area is located at the foot of Marquette Drive. The area consists of open spaces and a two-story structure with an observation deck on the roof which is used to conduct race operations. The structure, approximately 40 x 80, is of masonry construction with steel stairways. One stairway is in the central part of the building, another is on the outside. The area is enclosed by an eight-foot chain link fence with large gates on both the east and west ends of the area.

Security, both paid and volunteer, is posted in the building known as the "pit tower", and at both gates.

In case of emergency, fire, accident, or other, security personnel are trained to evacuate the building and pedestrians at both gates. While evacuation is in progress, security will notify 911 by land-line, cell phone, or radio located in the on-scene Detroit Fire apparatus.

Submitted by,

*\*already there*

Fred Schwartz  
Retired Sr. Chief DFD  
586-994-2888  
Email: chief6fred@yahoo.com

2019  
Signed



## AMBULANCE SERVICES AGREEMENT

This Ambulance Services ("Agreement") is made this 24 day of Apr. 1, 2019 by and between Universal-Macomb Ambulance Service, a Michigan corporation with its principal place of business at 37583 Mound Road, Sterling Heights, MI 48310 (hereinafter "UMAS") and Detroit Riverfront Events, Inc., a Michigan non-profit corporation with its business mailing address at P.O. Box 71, Washington Twp., MI 48094-9998 (hereinafter "DRFE").

### RECITALS

WHEREAS, DRFE promotes and organizes boat races and desires that UMAS provide ambulances and staff at a boat race event within the City of Detroit (the "Event"), taking place August 24<sup>th</sup> through August 25<sup>th</sup>, 2019.

WHEREAS, UMAS provides ambulance service in Southeastern Michigan, is duly licensed and/or authorized to provide such services, and wishes to provide staffed ambulances as desired by DRFE.

WHEREAS, in consideration of the following terms and conditions, the parties agree as follows:

#### 1. SERVICES TO BE PROVIDED

UMAS shall provide ambulances licensed and staffed at the Advanced Life Support level in accordance with requirements established by the Detroit/East Medical Control Authority, based upon the following schedule:

Two Ambulances	August 24, 2019	08:00 hours–17:00 hours
Two Ambulances	August 25, 2019	08:00 hours–17:00 hours

One Ambulance-Rescue Practice	TBD	12:00 hours –16:00 hours
Four mobile Medical Volunteers	August 24, 2019	08:00 hours– 17:00 hours
Four mobile Medical Volunteers	August 25, 2019	08:00 hours– 17:00 hours

(No charge for Rescue Day Ambulance or any of the days for the Mobile Medical Volunteers)

In addition to staffed ambulances, UMAS shall provide the medical command unit, bicycles, golf carts and an internal radio system. The parties understand that inclement weather may require that one of the dates specified above be rescheduled for August 26, 2019. UMAS will provide ambulances at times specified for the date being postponed on that "make up day". Any "make up day" shall involve nine (9) hours of operation or less and there shall be no decrease of the applicable service fee if less than (9) hours of operation is required.

Ma. 2019 4/14/19

UMAS shall adhere to the protocols applicable to the location in which any emergency medical services are provided to patients. Neither UMAS nor its personnel shall be responsible for undertaking any "water rescue".

## 2. BILLING AND PAYMENT

DRFE agrees that UMAS's cost for providing the foregoing services is one hundred fifteen dollars (\$115.00) per hour per staffed ambulance. Notwithstanding the foregoing, DRFE shall pay UMAS the sum of one hundred twenty-five dollars (\$125.00) per hour per ambulance for each hour (or fraction of an hour) that DRFE may request UMAS to provide services in addition to the specified dates and times. UMAS shall submit an invoice to DRFE after the Event and DRFE shall pay UMAS within thirty (30) days of the date of the invoice.

## 3. DRFE RESPONSIBILITIES

DRFE shall provide UMAS with reasonable notice as to any location (s) where UMAS ambulances must be in place. DRFE shall be responsible for informing UMAS of any situations DRFE wishes UMAS to respond to at the Event.

DRFE shall provide VIP passes with parking for UMAS personnel, the exact number of which shall be determined upon mutual agreement of the parties.

DRFE shall provide ice, water & electrical source as required by UMAS personnel.

## 4. RELATIONSHIP OF THE PARTIES

UMAS is at all times an independent contractor and not an agent or employee of DRFE. No act of commission or of omission by either party shall make the other a principal, agent, or employee of the other party.

## 5. MISCELLANEOUS

- A. Applicable Law: This Agreement shall be construed in accordance with the laws of the State of Michigan, and venue for any dispute arising out of this agreement shall be the Circuit Court of Macomb County or the District Courts situated therein.
- B. Notices: All notices to be given pursuant to this Agreement must be in writing and delivered by hand or sent registered mail to the following addresses listed below:

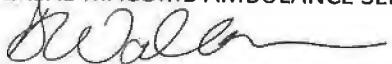
As to UMAS:  
37583 Mound Road  
Sterling Heights, MI 48310

As to DRFE:  
P.O. Box 71  
Washington Twp., MI 48094-9998

- C. No Third Party Beneficiaries: The parties to this Agreement do not intend to confer any benefits hereunder on any person or other legal entity other than the parties hereto, including without limitation any patients of UMAS or DRFE, and no third-party beneficiary rights are intended to be created hereby.
- D. Force Majeure: UMAS shall be excused from performance under this Agreement if for any period UMAS is prevented from performing any obligations, in whole or in part, as a result of an Act of God, war, civil disturbance, catastrophe, court order, labor dispute or cause beyond its reasonable control, including shortages or fluctuations in electrical power, heat, light air conditioning or fuel shortage, and such non-performance shall not constitute termination or default. UMAS will use its reasonable efforts under such circumstance to ensure that alternate services be made available should any of these conditions arise.
- E. Waiver: The failure of either party to insist upon strict compliance by the other with respect to any of the terms and conditions of this Agreement shall not be construed as a waiver, nor shall such course of action deprive such party of the right thereafter to required strict adherence to the terms and provisions of this Agreement.
- F. Nondisclosure: The terms of this Agreement and in particular the provisions regarding payment for services, are confidential and shall not be disclosed except to the parties' attorneys and as necessary to performance of this Agreement or as required by law.
- G. Headings and Captions: The headings and captions used in this Agreement are for the convenience of reference only, and do not form a part of this Agreement.
- H. Authority of Signatory: The parties represent that their representative signatory, whose signature appears below, has been and is, as of the date first written above, duly authorized by all necessary, appropriate and applicable corporate legal action to execute this Agreement.
- I. Supervening Law: The parties recognize that this Agreement is subject to applicable federal, state and local law, including, but not limited to, the Social Security Act, the rules, regulations and policies of the Department of Health and Human Services, all public health and safety provisions of state law and regulations, and the rules and regulations of state health system agencies. The parties further recognize that this Agreement shall be subject to amendments in such laws and regulations and to new legislation. Any provisions of law that invalidate or otherwise are inconsistent with the terms of this Agreement or that would cause one or both of the parties to be in violation of the law shall be deemed to supersede the terms of this Agreement; provided, however, that the parties shall exercise their best efforts to accommodate the terms and intent of this Agreement to the greatest extent possible within the requirements of law, including amendment of the Agreement as necessary.

IN WITNESS WHEREOF, the parties have executed this Agreement on the date first written above.

UNIVERSAL-MACOMB AMBULANCE SERVICE, INC.

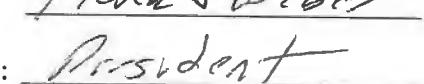
By: 

Duncan Walker, General Manager

DETROIT RIVERFRONT EVENTS, INC.

By: 

Mark J. Weber (Print Name)

Its: 



# City of Detroit

Janice M. Winfrey  
City Clerk

OFFICE OF THE CITY CLERK

Caven West  
Deputy City Clerk/Chief of Staff

## DEPARTMENTAL REFERENCE COMMUNICATION

*Wednesday, January 16, 2019*

*To: The Department or Commission Listed Below*  
*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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### PLANNING AND DEVELOPMENT DEPARTMENT

**652** *Detroit Riverfront Events inc., request to hold "2019 Detroit HydroFest" at Belle Isle Park on 8/23/19 - 8/29/19 starting at 8am - 7pm, Set-up on 8/19-22/19 @ 7am - 5pm, complete tear down on 8/29/2019, Street closure on Burns St. from Jefferson - Detroit River from 8/22/19-8/26/19*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. The City of Detroit will be strictly adhering to the Special Events Guidelines; please print them out for reference. Petitioners are required to complete the information below so that the City of Detroit may gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the Special Events and Film Handling Office at least **60 days** prior to the first date of the event. If submitted later than 60 days prior, application is subject to denial. Please type or print clearly and attach additional sheets and maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: 2019 Detroit HydroFest

Event Location: Detroit River by Belle Isle Park

Is this going to be an annual event?  Yes  No

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: Detroit Riverfront Events Inc

Organization Mailing Address: PO Box 71, Washington, MI 48094

Business Phone: 313-329-8047

Business Website: [www.detroitboatraces.com](http://www.detroitboatraces.com)

Applicant Name: Mark Weber

Business Phone: 313-329-8047

Cell Phone:

586-206-8894

Email:

mark@detroitboatraces.com

Event On-Site Contact Person:

Name: Mark Weber

Business Phone: 313-329-8047

Cell Phone: 586-206-8894

Email: mark@detroitboatraces.com

**Event Elements (check all that apply)**

<input type="checkbox"/> Walkathon	<input type="checkbox"/> Carnival/Circus	<input type="checkbox"/> Concert/Performance
<input type="checkbox"/> Run/Marathon	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Religious Ceremony
<input type="checkbox"/> Political Event	<input type="checkbox"/> Festival	<input type="checkbox"/> Filming
<input type="checkbox"/> Parade	<input checked="" type="checkbox"/> Sports/Recreation	<input type="checkbox"/> Rally/Demonstration
<input type="checkbox"/> Convention/Conference	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Other: _____

Projected Number of Attendees: 40,000 approx.

Please provide a brief description of your event:

3 day boat race with 3 different classes racing. A Detroit tradition since 1916.

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date 08/19/2019 Time: 7 am Complete Set-up Date: 8/22/2019 Time: 5 pm

Event Start Date: 08/23/2019 Time: 8 am Event End Date: 08/25/2019 Time: 7 pm

Begin Tearing Down Date: 08/25/2019 Complete Tear Down Date: 08/29/2019

Event Times (If more than one day, give times for each day):  
8/23/2019 8am-7pm, 8/24/2019 8am-7pm, 8/25/2019 8am-7pm

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Detroit River by Belle Isle

Facilities to be used (Check) Street  Sidewalk  Park  City  Facility

Please attach a copy of Port-a-John, Sanitation, and Emergency Medical Agreements as well as a site plan which illustrates the anticipated layout of your event including the following:

-Public entrance and exit	-Location of First Aid
-Location of merchandising booths	-Location of fire lane
-Location of food booths	-Proposed route for walk/run
-Location of garbage receptacles	-Location of tents and canopies
-Location of beverage booths	-Sketch of street closure
-Location of sound stages	-Location of bleachers
-Location of hand washing sinks	-Location of press area
-Location of portable restrooms	-Sketch of proposed light pole banners

**You will be prompted to upload these attachments upon submitting this form**

### Section 4- ENTERTAINMENT

Describe the entertainment for this year's event:

TBD based on available budget in the Spring

Will a sound system be used?  Yes  No

If yes, what type of sound system? TBD

Describe specific power needs for entertainment and/or music:

Generators

How many generators will be used? 2

How will the generators be fueled?  
5 gallon cans using gas/diesel

Name of vendor providing generators:

Contact Person: TBD

Address:

Phone:

City/State/Zip

## Section 5- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No

If yes, please describe:

Will there be on-site ticket sales?  Yes  No

If yes, list price(s):

Will there be vending or sales?  Yes  No

If yes, check all that apply:

Food

Merchandise

Non-Alcoholic Beverages

Alcoholic Beverages

Indicate type of items to be sold:

Event T shirts, hats, programs and pins

## Section 6- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: TBD

Contact Person: Fred Schwartz

Address:

Phone 586-994-2888

City/State/Zip:

Number of Private Security Personnel Hired Per Shift:

20 to 25

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

How will you advise attendees of parking options?

Signage

## Section 7- COMMUNICATION & COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?  
103 year tradition, Belle Isle free, money spent in SE Michigan

Have local neighborhood groups/businesses approved your event?  Yes  No

Indicate what steps you have or will take to notify them of your event:  
Email and event website

## Section 8- EVENT SET-UP

Complete the appropriate categories that apply to the event Structure

	How Many?	Size/Height
Booth	TBD	
Tents (enclosed on 3 sides)	TBD	
Canopy (open on all sides)	TBD	
Staging/Scaffolding	TBD	
Bleachers	TBD	

## Section 9- COMPLETE ALL THAT APPLY

**Emergency medical services?**

Contact Person: Bob Dickerson, Universal-Macomb Ambulance

Address: 37583 Mound

City/State/Zip: Sterling Heights, MI 48310

**Name of company providing port-a-johns. Parkway Services**

Contact Person: Steve

Address: 2876 Tyler Phone: 734-482-7633

City/State/Zip: Ypsilanti, MI 48198

**Name of private catering company? Andiamo's Catering**

Contact Person: Stewart Davison

Address: 1490 Premier Drive Phone: 248-643-6000

City/State/Zip: Troy, MI 48084

### SPECIAL USE REQUESTS

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval. **Barricades are not available from the City of Detroit.**

Attach a map or sketch of the proposed area for closure.

STREET NAME: Burns Street  
FROM: Jefferson Avenue TO: Detroit River

CLOSURE DATES: 8/22/2019 BEG TIME: 12 pm END TIME:  
REOPEN DATE: 8/26/2019 TIME:

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:  
REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:  
REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:  
REOPEN DATE: \_\_\_\_\_ TIME:

STREET NAME: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

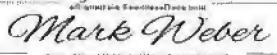
CLOSURE DATES: \_\_\_\_\_ BEG TIME: \_\_\_\_\_ END TIME:  
REOPEN DATE: \_\_\_\_\_ TIME:

**PLEASE ADD IMPORTANT INFORMATION BELOW AND ATTACH A COPY OF THE FOLLOWING:**

- 1) CERTIFICATE OF INSURANCE**
- 2) EMERGENCY MEDICAL AGREEMENT**
- 3) SANITATION AGREEMENT**
- 4) PORT-A-JOHN AGREEMENT**
- 5) COMMUNITY COMMUNICATION**

## AUTHORIZATION & AFFADAVIT OF APPLICANT

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understood and agreed to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulations established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



01/14/2019

Signature of Applicant

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## HOLD HARMLESS AND INDEMNIFICATION

The Applicant agrees to indemnify and hold the City of Detroit (which includes its agencies, officers, elected officials, appointed officials and employees) harmless from and against injury, loss, damage or liability (or any claims in respect of the foregoing including claims for personal injury and death, damage to property, and reasonable outside attorney's fees) arising from activities associated with this permit, except to the extent attributable to the gross negligence or intentional act or omission of the City.

Applicant affirms that Applicant has read and understands the Hold Harmless and Indemnification provision and agrees to the terms expressed therein.

Event Name: 2019 Detroit Hydrofest Event  
Date: 01/14/2019

Event Organizer:  
Detroit riverfront Events Inc.

Applicant Signature:   
Date: 01/14/2019



## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3034871      100% City Funding – To Provide Fleet Tools and Diagnostic Equipment.  
– Contractor: Snap-On Industrial a Division of IDSC Holdings, LLC –  
Location: 2801 80<sup>th</sup> Street, Kenosha, WI 53143 – Contract Period: Upon  
City Council Approval through September 28, 2019 – Total Contract  
Amount: \$64,322.84. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 3034871 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.

## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

3035056      100% City Funding – To Provide Fleet Tools and Diagnostic Equipment.  
– Contractor: AVE Office Supplies – Location: 25325 Shiawassee Cir., #203, Southfield, MI 48033 – Contract Period: Upon City Council Approval through September 28, 2019 – Total Contract Amount: \$49,716.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 3035056 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6000531      100% City Funding – AMEND 1– To Provide Plumbing Services on behalf of GSD. – Contractor: Ben Washington and Sons Plumbing & Heating, Inc. – Location: 7116 Tireman St., Detroit, MI 48204 – Contract Period: Upon City Council Approval through February 27, 2020 – Contract Increase: \$250,000.00 – Total Contract Amount: \$1,750,000.00.  
**GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6000531 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002108      100% City Funding – To Provide an Assessment and Analysis of Community Needs for Programming in the Recreation Department. – Contractor: Pros Consulting, Inc. – Location: 201 S. Capital Ave., Ste. 505, Indianapolis, IN 46225 Contract Period: Upon City Council Approval through December 31, 2020 – Total Contract Amount: \$138,380.00.

### GENERAL SERVICES

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6002108 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.

## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002143      100% City Funding – To Provide Armed Security at the State Fairgrounds on Behalf of GSD. – Contractor: H & P Protective Services, Inc. – Location: 400 Renaissance Ctr., Ste. 2600, Detroit, MI 48243 – Contract Period: Upon City Council Approval through May 11, 2020 – Total Contract Amount: \$342,160.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM SHEFFIELD**

**RESOLVED**, that Contract No. 6002143 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.

## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

### HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002187      100% City Funding – To Provide Fire Boat Maintenance and Repair Services, Labor and/or Parts. – Contractor: R & R Fire Truck Repair, Inc. – Location: 751 Doheny Drive, Northville, MI 48167 – Contract Period: Upon City Council Approval through June 30, 2022 – Total Contract Amount: \$150,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6002187 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.

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## OFFICE OF CONTRACTING AND PROCUREMENT

June 14, 2019

HONORABLE CITY COUNCIL:

The Purchasing Division of the Finance Department recommends a Contract with the following firm(s) or person(s):

6002190      REVENUE – To Provide Event Parking at Certain Areas of 20110 Woodward, and 19021 Woodward. – Contractor: Rocket Giving Fund – Location: 1 Woodward, Detroit, MI 48226 – Contract Period: Upon City Council Approval through July 31, 2022 –Total Contract Amount: \$200,000.00. **GENERAL SERVICES**

Respectfully submitted,

Boysie Jackson, Chief Procurement Officer  
Office of Contracting and Procurement

**BY COUNCIL PRESIDENT PRO TEM** SHEFFIELD

**RESOLVED**, that Contract No. 6002190 referred to in the foregoing communication dated June 14, 2019, be hereby and is approved.



CITY OF DETROIT  
RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

18100 MEYERS  
DETROIT, MICHIGAN 48235  
(313) 224-1100 • TTY:711  
(313) 224-3544  
WWW.DETROITMI.GOV

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June 10, 2019

Honorable City Council;

Re: Authorization to accept a donation of park improvements from 15<sup>th</sup> Street Block Club Association for Crockett Park.

Detroit General Services Department is requesting authorization of your Honorable Body to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association to install a bike repair station and bike rack at Albert and Florence Crockett Park. The bike repair station has an estimated value of \$1750.00.

Park improvements are made possible through a micro grant awarded to the 15<sup>th</sup> Street Block Club Association offered by the League of Michigan Bicyclists. The grant funding will be used to purchase the necessary equipment and install the bike repair station and bike rack.

We respectfully request your authorization to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association by adapting the attached resolution with a Waiver of Reconsideration

Sincerely,

Janet Anderson  
Director



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## Resolution

### **Council Member**

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**Whereas**, Detroit General Services Department is requesting authorization to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association to install a bike repair station and bike rack with an estimated value of \$1750.00

**Resolved**, Detroit General Services has authorization to accept a donation of park improvements from the 15<sup>th</sup> Street Block Club Association to be installed at Albert and Florence Crockett Park.



### APPLICANT SECTION

Requesting Organization Name: 15th St. Block Club Association  
Contact Name: Cherrie Seay  
Phone: 313 808 4419  
Email: csay\_2000@yahoo.com  
Address: 6069 15th St., Detroit, MI 48208

Today's Date: 5/16/2019  
DPRD Property Name: Albert and Florence Crockett Park  
Property Address: 14th and Marquette Streets  
Location within the Property: SE corner of the park

#### Improvement Type:

Park  
 Facility (ie Rec Center)

Physical Improvement  
 Not-Art → fill out Donation Letter  
 Art → fill out Art Donation Letter  
 Maintenance → fill out SLA Letter

#### Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)  
installation of bike repair station and bike rack

Estimated Value of Improvement: \$1750

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Cherrie L Seay

Date: 5/16/2019

Print Name: Cherrie Seay

Organization on behalf of: 15th Street Block Club Association

Please return this form to: Juliana Fulton  
fultonj@detroitmi.gov  
313-628-2365

General Services  
18100 Meyers Rd, Upper Level  
Detroit MI 48235

Page 2

## GSD STAFF SECTION

### Asset Information:

DPRD Property Number: 312  
Asset Value: \$2,150

Asset Life Cycle: 5+ years  
Decommission Cost: \_\_\_\_\_

### Maintenance Information:

GSD Maintenance Requirements: None  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GSD Operations Requirements: PDU to  
install bike repair station &  
bike rack; David Summers  
confirmed

GSD Project Coordinator: Raysh Ford Date: 5/28/19

### Authorization:

Project Denied  
 Project Approved as Submitted  
 Project Approved with Changes: \_\_\_\_\_

\*Approved by GSD Director: Janet Anderson Date: 6-6-2019

\*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director



# LEAGUE OF MICHIGAN BICYCLISTS

410 S. Cedar St - Suite A, Lansing, MI 48912 | [www.LMB.org](http://www.LMB.org)

May 17, 2019

Jan Anderson, Director  
Detroit Parks and Recreation Division  
General Services Department  
18100 Meyer Rd  
Detroit, MI 48235

The League of Michigan Bicyclists (LMB) is proud to award the 15th Street Block Club with one of our 2019 Micro-Grants.

On May 22 in Lansing, **the 15th Street Block Club will receive a brand-new bike repair station** from DUO-Gard. DUO-Gard is headquartered in Canton, MI and is a leading innovator in high-performance translucent walls and strategies, illuminated walls and ceilings, as well as custom canopies, shelters and outdoor structures. We will also present leaders of the Club with a check for **\$500 to help pay for designated bike parking/bike rack at the park.**

In their grant application, organizers described their project for improving and restoring the park at Marquette and 14th. Having "bicycling amenities, in this location will bring a livelier and inviting space... **Our neighborhood will be greatly improved** when the park becomes a location for wholesome and positive activities." -Winnie Kidd, President of the 15th Street Block Club Association

We couldn't agree more. And we are excited to watch how this LMB micro-grant helps the 15th Street Block Club revitalize their neighborhood.

As a contingency for accepting grant dollars and in-kind gifts, we have asked the 15th Street Block Club to **acknowledge LMB by placing one of our Micro-Grant stickers on the station and the bike rack.** We also have asked members of the 15th Street Block Club to share pictures, stories, and updates about how the grant gift is having an impact on the community.

Thank you,

Jason Craner  
LMB Development Director



CITY OF DETROIT  
RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

18100 MEYERS  
DETROIT, MICHIGAN 48235  
(313) 224-1100 • TTY:711  
(313) 224-3544  
WWW.DETROITMI.GOV

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May 29, 2018

Honorable City Council;

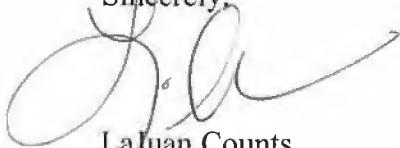
Re: Authorization to accept a donation of park improvements from the Sierra Club for Scouts Hollow camp ground at Rouge Park.

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of park improvements to include the purchase and installation of materials to improve the access road and parking area for Scouts Hollow camp ground. The estimated cost of \$5,000.00 will be borne by the Sierra Club.

Installation of the park improvements will be complete by May, 2019. The Sierra Club has worked with community representatives and the General Services Department to ensure the improvements are desired. Park improvements will increase the durability of the parking lot for the Scouts Hollow camp ground.

We respectfully request your authorization to accept this donation of park improvements with a Waiver of Reconsideration

Sincerely,



LaJuan Counts  
Deputy Director



---

## **Resolution**

**Council Member** \_\_\_\_\_

**Whereas**, the General Services Department is requesting authorization to accept a donation of park improvements from the Sierra Club; for the Scouts Hollow camp ground located at Rouge Park.

**Whereas**, the estimated value of \$5,000.00 will be borne by the Sierra Club. Improvements consists of the purchase and installation of materials to improve the access road and parking area utilized for the Scouts Hollow camp ground.

**Resolved**, the General Services Department is authorized to accept a donation of park improvements from the Sierra Club; to be installed at Scouts Hollow inside Rouge Park.



## Improvement Authorization Form

Page 1

### APPLICANT SECTION

Requesting Organization Name: Sierra Club

Contact Name: Garrett Dempsey

Phone: 510-381-1472

Email: Garrett.Dempsey@Sierraclub.org

Address: 2727 2nd AVE, Detroit MI 4820  
Suite 112

Today's Date: 4-18-19

DPRD Property Name: Rouge Park

Property Address: \_\_\_\_\_

Location within the Property: Scout Hollow

#### Improvement Type:

Park

Facility (ie Rec Center)

Physical Improvement

Not-Art → fill out Donation Letter

Art → fill out Art Donation Letter

Maintenance → fill out SLA Letter

#### Improvement Project Description:

(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Project will improve access road and parking area for Scout Hollow camping area. Project will refresh gravel covering and improve sections showing wear from use. Portable Toilet staging in parking area will also be improved with leveling and wooden decking under portable toilets.

Estimated Value of Improvement: \$ 5,000

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: Garrett Dempsey

Date: 4-18-19

Print Name: Garrett Dempsey

Organization on behalf of: Sierra Club

## GSD STAFF SECTION

### Asset Information:

DPRD Property Number: 140  
Asset Value: \$8,000

Asset Life Cycle: 5+ years  
Decommission Cost: \_\_\_\_\_

### Maintenance Information:

GSD Maintenance Requirements: Not be to  
maintained by staff

GSD Operations Requirements: \_\_\_\_\_  
\_\_\_\_\_

### GSD Project Coordinator:

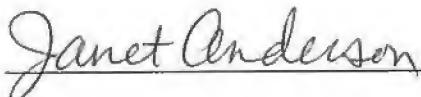


Date: 5/7/19

### Authorization:

Project Denied  
 Project Approved as Submitted  
 Project Approved with Changes: \_\_\_\_\_

### \*Approved by GSD Director:



Date: 5-10-2019

\*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

April 20, 2019

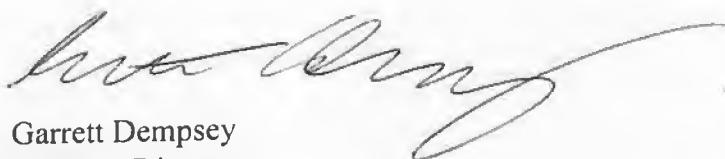
Jan Anderson, Director  
Detroit Parks and Recreation Division  
General Services Department  
18100 Meyer Rd  
Detroit, MI

Dear Ms. Anderson,

On behalf of the Sierra Club, I am writing to offer our full assistance in purchasing and installing materials to improve the access road and parking area of the Scout Hollow campground in Rouge Park. This work will increase the durability of these existing areas in Scout Hollow and it will also improve the area where portable toilets are currently located. The costs, approximately \$5,000 are being borne by the group mentioned above. These improvements will take place on May 18, 2019. We have worked with community representatives to ensure these improvements are desired. Our organization works closely with the Detroit Parks and Recreation Department to help community groups access and utilize the Scout Hollow campground space and to maintain this site throughout the summer.

Thank you for your time and consideration.

Sincerely,



Garrett Dempsey  
Program Director  
Sierra Club and Detroit Outdoors



CITY OF DETROIT  
RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

603

18100 MEYERS  
DETROIT, MICHIGAN 48235  
(313) 224-1100 • TTY:711  
(313) 224-3544  
WWW.DETROITMI.GOV

May 29, 2018

Honorable City Council;

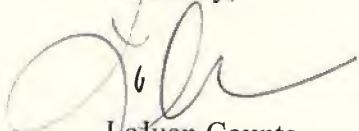
Re: Authorization to accept a donation of artwork from the Viola Liuzzo Park Association

Detroit General Services Department requests authorization from your Honorable Body to accept a donation of artwork from the Viola Liuzzo Park Association to be placed inside Viola Liuzzo Playground. Park improvements consists of purchasing and installing a commemorative statue of Viola Liuzzo; this has an estimated value of \$60,000.00.

Installation of the statue will be June 2019. The organization has worked with community representatives and the General Services Department to ensure the improvements are desired. Once installed the statue will be maintained by the General Services Department.

We respectfully request your authorization to accept a donation of artwork with a Waiver of Reconsideration

Sincerely,



LaJuan Counts  
Deputy Director



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## **Resolution**

### **Council Member** \_\_\_\_\_

**Whereas**, the General Services Department is requesting authorization to accept a donation of artwork to be placed inside Viola Liuzzo Playground.

**Whereas**, the estimated value of \$60,000.00 will be borne by the Viola Liuzzo Park Association. The General Services Department will assist with the installation. The art installation will be complete June, 2019.

**Resolved**, the General Services Department is authorized to accept a donation of art work from Viola Liuzzo Park Association to be installed at Viola Liuzzo Playground.



### APPLICANT SECTION

Requesting Organization Name: Viola Liuzzo Park Association Today's Date: 01/28/19  
Contact Name: Julie Hamilton DPRD Property Name: Viola Liuzzo Playground  
Phone: 248-549-4197 Property Address: Winthrop/Trojan  
Email: jhamiltonpc@gmail.com Location within the Property: Entrance  
Address: 4625 Leafdale Ave, Royal Oak, MI 48073

#### Improvement Type:

Park  
 Facility (ie Rec Center)

Physical Improvement  
 Not-Art → fill out Donation Letter  
 Art → fill out Art Donation Letter  
 Maintenance → fill out SLA Letter

#### Improvement Project Description:

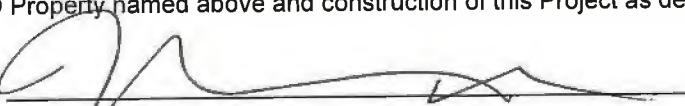
(Please specify if any listed funding are for an event / program, or not for a permanent, physical improvement.)

Life size bronze statue of Viola Liuzzo, approximately 8' tall. Funded by VLPA.

Permenant installation. Approved by the Liuzzo family and VLPA Board.  
including engraved memorial plaque: Mrs. Liuzzo  
Artist - Austen Brantley - Sculpture will be installed on a granite base  
(3x3) - Granite base will have a metal plaque with Viola Liuzzo's biography.  
(Caption)

Estimated Value of Improvement: APPROX 60,000.00

By submitting this request I/We/Our Organization agree(s) to abide by all rules and policies of the City of Detroit and the General Services Department, Parks and Recreation Division. I/We also agree that all information submitted in this Park Improvement Authorization Form is true and accurate to the best of my/our knowledge and I/We hereby request that the Parks and Recreation Division consider my/our Project for approval. I/We agree at my/our own expense to defend, indemnify, save and hold harmless the City of Detroit, its officers, employees and agents against and from any and all liabilities, obligations, damages, penalties, claims, costs, charges, and expenses (including without limitation, fees and expenses of attorneys, expert witnesses and other consultants) which may be imposed upon, incurred by or asserted against myself/us and/or the City of Detroit by reason of or resulting from my/our use of the DPRD Property named above and construction of this Project as described herein.

Signature: 

Date: 2/26/19

Print Name: Julie Hamilton, VLPA Board Member

Organization on behalf of: Viola Liuzzo Park Association

## GSD STAFF SECTION

### Asset Information:

DPRD Property Number: 416  
Asset Value: \$60,000.00

Asset Life Cycle: Long term (Per Artist)  
Decommission Cost: \$1000

### Maintenance Information:

GSD Maintenance Requirements:  
No maintenance - Wash every few years if needed.

GSD Operations Requirements: GSD will help install the sculpture at the Park with Parks developments help.

GSD Project Coordinator: Janet

Date: 4-30-2019

### Authorization:

Project Denied  
 Project Approved as Submitted  
 Project Approved with Changes: \_\_\_\_\_

\*Approved by GSD Director: Janet Anderson

Date: 5-2-2019

\*Requesting Group shall not have approval to make the requested park improvement without the approval of the General Services Department Director

February 26, 2019

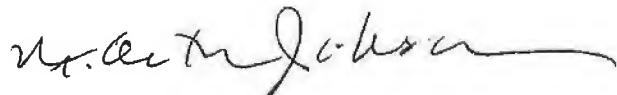
Jan Anderson, Director  
Detroit Parks and Recreation Department  
18100 Meyer Rd  
Detroit, MI

Dear Ms. Anderson,

On behalf of the Viola Liuzzo Park Association, I am writing to offer our full assistance in purchasing Viola Liuzzo Statue at entrance in Viola Liuzzo Playground. The costs, approximately 60,000.00 are being borne by the group mentioned above. The City of Detroit, General Services Department will assist with the installation of the statue. These improvements will take place on June 2019. We have worked with community representatives to ensure these improvements are desired. The Department of Detroit Parks and Recreation will maintain the statue, to maintain this site throughout the summer.

Thank you for your time and consideration.

Sincerely,



Mr. Artis Johnson  
Board President  
Viola Liuzzo Park Association

**Viola Fauver Gregg Liuzzo**

**(April 11, 1925 - March 25, 1965)**

Viola Liuzzo – a working-class wife, mother, Wayne State University student, and member of the NAACP – had a long history of helping anyone who was suffering or treated unfairly. She lived in Detroit, Michigan, with her children, Penny, Mary, Anthony, Tommy, and Sally; and husband, Anthony Liuzzo.

In March 1965, Mrs. Liuzzo heeded Martin Luther King, Jr.'s plea for help after Bloody Sunday, the infamous day when black citizens in Alabama were brutally beaten by police as they tried to march from Selma to Montgomery to register to vote. After arranging with her closest friend, Sarah Evans, to help care for her children during a brief absence, Mrs. Liuzzo drove to Selma and participated in the successful "Selma to Montgomery Freedom March" and assisted with coordination and logistics. However, she never made it home. On March 25, 1965, while driving back to Selma with a young, fellow activist, Mrs. Liuzzo was assassinated in Lowndes County, Alabama by members of the Ku Klux Klan. She was only 39 years old. Her murder helped spur passage of the Voters Rights' Act in August 1965. Her decision and her extraordinary act of human decency and kindness defined her as a wife, mother, friend, and human being. Her courage has inspired songs, documentaries, books, action, and hope for generations. Viola Fauver Gregg Liuzzo : we thank you.

The Viola Liuzzo Playground was dedicated to her by the City of Detroit on July 1, 1982 out of gratitude for her courage and bravery. In 2015, the Viola Liuzzo Park Association formed to assist in the redesign of the playground and educate the community about Mrs. Liuzzo's courage and struggle for civil and human rights.

The Viola Liuzzo Park Association